

Department of Social Services MO HealthNet Division

Fiscal Year 2024 Budget Request Book 7 of 8

Robert Knodell, Acting Director

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Department Request Summary

DEPARTMENT OF SOCIAL SERVICES
FISCAL YEAR 2024 BRASS SECTION SUMMARY

H.B. Sec.	Decision Item Name	2024 Department Request				
		FTE	GR	FF	OF	Total
11.600	MO HealthNet Administration					
	Core	249.70	13,197,959	25,539,923	3,536,458	42,274,340
	NDI - MMIS FTE Re-Procurement	4.00	146,571	146,571	-	293,142
	<i>Total</i>	253.70	13,344,530	25,686,494	3,536,458	42,567,482
11.605	Clinical Services Program Management					
	Core	0.00	461,917	12,214,032	1,485,506	14,161,455
	<i>Total</i>	0.00	461,917	12,214,032	1,485,506	14,161,455
11.610	MHD Transformation					
	Core	0.00	2,537,912	6,786,772	-	9,324,684
	<i>Total</i>	0.00	2,537,912	6,786,772	-	9,324,684
11.615	TPL Contracts					
	Core	0.00	-	4,250,000	4,250,000	8,500,000
	<i>Total</i>	0.00	-	4,250,000	4,250,000	8,500,000
11.620	Information Systems					
	Core	0.00	41,156,296	107,994,618	2,021,687	151,172,601
	NDI - MMIS Operational Cost	0.00	2,505,692	7,036,683	-	9,542,375
	NDI - MMIS TMSIS	0.00	50,000	450,000	-	500,000
	NDI - MMIS Transition and Turnover	0.00	500,000	4,500,000	-	5,000,000
	<i>Total</i>	0.00	44,211,988	119,981,301	2,021,687	166,214,976
11.622	Closed Loop Social Service Referral Program					
	Core	0.00	5,000,000	5,000,000	-	10,000,000
	<i>Total</i>	0.00	5,000,000	5,000,000	-	10,000,000
11.630	Hospital HIT					
	Core	0.00	-	-	-	-
	<i>Total</i>	0.00	-	-	-	-
11.630	HITECH					
	Core	0.00	-	-	-	-
	<i>Total</i>	0.00	-	-	-	-
11.633	Health Data Utility					
	Core	0.00	5,000,000	45,000,000	-	50,000,000
	<i>Total</i>	0.00	5,000,000	45,000,000	-	50,000,000

DEPARTMENT OF SOCIAL SERVICES
FISCAL YEAR 2024 BRASS SECTION SUMMARY

H.B. Sec.	Decision Item Name	2024 Department Request				
		FTE	GR	FF	OF	Total
11.635	Show Me Home					
	Core	0.00	-	1,532,549	-	1,532,549
	Total	0.00	-	1,532,549	-	1,532,549
11.700	Pharmacy					
	Core	0.00	129,160,450	858,717,050	307,772,668	1,295,650,168
	NDI - Pharmacy Sepcialty PMPM	0.00	16,195,052	31,172,750	-	47,367,802
	NDI - Pharmacy Non-Sepcialty PMPM	0.00	4,594,220	8,843,102	-	13,437,322
	Total	0.00	149,949,722	898,732,902	307,772,668	1,356,455,292
11.700	Pharmacy - Medicare Part D Clawback					
	Core	0.00	220,981,651	-	-	220,981,651
	NDI - MHD CTC	0.00	99,317,047	-	-	99,317,047
	Total	0.00	320,298,698	-	-	320,298,698
11.705	Missouri Rx Plan					
	Core	0.00	2,813,493	-	1,188,774	4,002,267
	Total	0.00	2,813,493	-	1,188,774	4,002,267
11.710	Pharmacy FRA					
	Core	0.00	-	-	108,000,000	108,000,000
	Total	0.00	-	-	108,000,000	108,000,000
11.715	Physician Related Prof					
	Core	0.00	205,754,331	393,640,483	1,678,127	601,072,941
	NDI - MHD CTC	0.00	-	24,028,467	-	24,028,467
	Total	0.00	205,754,331	417,668,950	1,678,127	625,101,408
11.715	Neonatal Abstinence Syndrome					
	Core	0.00	475,518	923,475	-	1,398,993
	Total	0.00	475,518	923,475	-	1,398,993
11.715	Trauma Treatment					
	Core	0.00	425,656	824,344	-	1,250,000
	Total	0.00	425,656	824,344	-	1,250,000

DEPARTMENT OF SOCIAL SERVICES
FISCAL YEAR 2024 BRASS SECTION SUMMARY

H.B. Sec.	Decision Item Name	2024 Department Request				
		FTE	GR	FF	OF	Total
11.715	PACE					
	Core	0.00	1,493,338	2,892,061	-	4,385,399
	<i>Total</i>	0.00	1,493,338	2,892,061	-	4,385,399
11.715	CCBHO					
	Core	0.00	31,284,160	54,980,454	-	86,264,614
	NDI - MHD CTC	0.00	13,589,139	19,310,591	-	32,899,730
	<i>Total</i>	0.00	44,873,299	74,291,045	-	119,164,344
11.720	Dental					
	Core	0.00	3,130,423	5,769,120	71,162	8,970,705
	NDI - MHD CTC	0.00	111,474	630,604	-	742,078
	<i>Total</i>	0.00	3,241,897	6,399,724	71,162	9,712,783
11.725	Premium Payments					
	Core	0.00	115,163,559	237,165,070	-	352,328,629
	NDI - Premium Increase	0.00	12,547,285	26,577,455	-	39,124,740
	NDI- MHD CTC	0.00	-	6,083,808	-	6,083,808
	<i>Total</i>	0.00	127,710,844	269,826,333	-	397,537,177
11.730	Nursing Facilities					
	Core	0.00	200,935,385	506,648,813	65,509,459	773,093,657
	NDI- Nurse Aid Training Reimbursement	0.00	814,791	1,568,337	-	2,383,128
	NDI- MHD CTC	0.00	9,075,470	26,534,284	-	35,609,754
	<i>Total</i>	0.00	210,825,646	534,751,434	65,509,459	811,086,539
11.730	NF Value Based Payments					
	Core	0.00	5,856,944	11,343,056	-	17,200,000
	<i>Total</i>	0.00	5,856,944	11,343,056	-	17,200,000
11.730	Home Health					
	Core	0.00	1,780,905	3,748,636	159,305	5,688,846
	<i>Total</i>	0.00	1,780,905	3,748,636	159,305	5,688,846
11.735	Nursing Facility FRA					
	Core	0.00	-	-	364,882,362	364,882,362
	<i>Total</i>	0.00	-	-	364,882,362	364,882,362

DEPARTMENT OF SOCIAL SERVICES
FISCAL YEAR 2024 BRASS SECTION SUMMARY

H.B. Sec.	Decision Item Name	2024 Department Request				
		FTE	GR	FF	OF	Total
11.740	Long Term Support Payments					
	Core	0.00	-	7,221,758	3,729,010	10,950,768
	Total	0.00	-	7,221,758	3,729,010	10,950,768
11.745	Rehab & Specialty Services					
	Core	0.00	91,823,827	142,807,183	27,075,641	261,706,651
	NDI - MHD CTC	0.00	-	40,919,727	-	40,919,727
	NDI - Hospice Rate Increase	0.00	146,773	282,514	-	429,287
	Total	0.00	91,970,600	184,009,424	27,075,641	303,055,665
11.745	NEMT					
	Core	0.00	18,064,980	41,418,621	-	59,483,601
	NDI- MHD CTC	0.00	-	26,960	-	26,960
	NDI - NEMT Actuarial Increase	0.00	188,264	362,378	-	550,642
	Total	0.00	18,253,244	41,807,959	-	60,061,203
11.750	Ground Emer Med Transport					
	Core	0.00	-	55,369,683	28,590,563	83,960,246
	Total	0.00	-	55,369,683	28,590,563	83,960,246
11.755	Complex Rehab Technology Products					
	Core	0.00	3,965,304	7,673,213	-	11,638,517
	NDI- MHD CTC	0.00	75,487	148,639	-	224,126
	Total	0.00	4,040,791	7,821,852	-	11,862,643
11.760	Managed Care					
	Core	0.00	381,402,606	1,166,994,991	269,434,074	1,817,831,671
	NDI - MHD CTC	0.00	140,225,521	421,865,551	-	562,091,072
	NDI - MC Actuarial Increase	0.00	45,821,283	88,198,263	-	134,019,546
	NDI - MO MAPS CTC	0.00	-	27,641,848	14,417,222	42,059,070
	Total	0	567,449,410	1,704,700,653	283,851,296	2,556,001,359
11.762	Managed Care Specialty Plan					
	Core	0.00	97,233,950	229,427,655	21,402,611	348,064,216
	NDI - MHD CTC	0.00	47,050,749	71,961,733	-	119,012,482
	NDI - MC Actuarial Increase	0.00	3,543,741	6,821,105	-	10,364,846
	Total	0.00	147,828,440	308,210,493	21,402,611	477,441,544

DEPARTMENT OF SOCIAL SERVICES
FISCAL YEAR 2024 BRASS SECTION SUMMARY

H.B. Sec.	Decision Item Name	2024 Department Request				
		FTE	GR	FF	OF	Total
11.765	Hospital Care					
	Core	0.00	46,838,550	388,382,996	163,012,446	598,233,992
	NDI - MHD CTC	0.00	20,942,241	53,283,011	-	74,225,252
	<i>Total</i>	0.00	67,780,791	441,666,007	163,012,446	672,459,244
11.767	Pediatric Pilot Program					
	Core	0.00	750,000	750,000	-	1,500,000
	<i>Total</i>	0.00	750,000	750,000	-	1,500,000
11.770	Physician Payments for Safety Net					
	Core	0.00	-	17,613,590	1,709,202	19,322,792
	<i>Total</i>	0.00	-	17,613,590	1,709,202	19,322,792
11.775	FQHC Distribution and Women and Minority					
	Core	0.00	3,287,528	3,068,625	-	6,356,153
	<i>Total</i>	0.00	3,287,528	3,068,625	-	6,356,153
11.780	Technical Assistance Contracts					
	Core	0.00	1,918,645	3,726,090	-	5,644,735
	<i>Total</i>	0.00	1,918,645	3,726,090	-	5,644,735
11.785	Health Homes					
	Core	0.00	4,254,003	16,321,875	6,027,694	26,603,572
	NDI - MHD CTC	0.00	1,197,532	1,673,456	-	2,870,988
	<i>Total</i>	0.00	5,451,535	17,995,331	6,027,694	29,474,560
11.790	Federal Reimbursement Allowance					
	Core	0.00	-	103,540,136	1,836,963,432	1,940,503,568
	<i>Total</i>	0.00	-	103,540,136	1,836,963,432	1,940,503,568
11.795	IGT Safety Net Hospitals					
	Core	0.00	-	25,176,772	12,964,074	38,140,846
	<i>Total</i>	0.00	-	25,176,772	12,964,074	38,140,846

DEPARTMENT OF SOCIAL SERVICES
FISCAL YEAR 2024 BRASS SECTION SUMMARY

H.B. Sec.	Decision Item Name	2024 Department Request				
		FTE	GR	FF	OF	Total
11.800	CHIP					
	Core	0.00	59,320,571	218,037,357	7,719,204	285,077,132
	NDI - MHD CTC	0.00	1,346,331	29,152,184	-	30,498,515
	NDI - MC Actuarial Increase	0.00	801,897	2,549,114	-	3,351,011
	NDI - Pharmacy Specialty PMPM	0.00	185,941	591,079	-	777,020
	NDI - Pharmacy Non-Specialty PMPM	0.00	52,748	167,677	-	220,425
	<i>Total</i>	0.00	61,707,488	250,497,411	7,719,204	319,924,103
11.805	Show Me Babies					
	Core	0.00	10,999,330	35,162,937	-	46,162,267
	NDI - MC Actuarial Increase	0.00	560,672	1,782,293	-	2,342,965
	NDI - Pharmacy Specialty PMPM	0.00	9,695	30,819	-	40,514
	NDI - Pharmacy Non-Specialty PMPM	0.00	2,750	8,743	-	11,493
	<i>Total</i>	0.00	11,572,447	36,984,792	-	48,557,239
11.810	School District Medicaid Claiming					
	Core	0.00	242,525	84,139,296	-	84,381,821
	<i>Total</i>	0.00	242,525	84,139,296	-	84,381,821
11.815	Blind Pension Medical Benefits					
	Core	0.00	19,811,003	-	-	19,811,003
	NDI - Pharmacy Specialty PMPM	0.00	84,516	-	-	84,516
	NDI - Pharmacy Non-Specialty PMPM	0.00	23,976	-	-	23,976
	<i>Total</i>	0.00	19,919,495	-	-	19,919,495
11.825	Adult Expansion Group					
	Core	0.00	-	2,481,855,745	13,322,110	2,495,177,855
	NDI - MHD CTC	0.00	-	313,807,545	16,668,907	330,476,452
	NDI - MC Actuarial Increase	0.00	-	32,089,427	-	32,089,427
	NDI- Pharmacy Specialty PMPM	0.00	-	8,359,024	-	8,359,024
	NDI- Pharmacy Non Specialty PMPM	0.00	-	2,371,292	-	2,371,292
	<i>Total</i>	0.00	-	2,838,483,033	29,991,017	2,868,474,050
11.850	IGT Transfer					
	Core	0.00	-	-	137,074,165	137,074,165
	<i>Total</i>	0.00	-	-	137,074,165	137,074,165

DEPARTMENT OF SOCIAL SERVICES
FISCAL YEAR 2024 BRASS SECTION SUMMARY

H.B. Sec.	Decision Item Name		2024 Department Request				
			FTE	GR	FF	OF	Total
11.855	IGT DMH Medicaid Programs						
	Core		0.00	-	500,077,646	207,740,879	707,818,525
	Total		0.00	-	500,077,646	207,740,879	707,818,525
11.860	GR Pharmacy FRA Transfer						
	Core		0.00	38,737,111	-	-	38,737,111
	Total		0.00	38,737,111	-	-	38,737,111
11.865	Pharmacy FRA Transfer						
	Core		0.00	-	-	38,737,111	38,737,111
	Total		0.00	-	-	38,737,111	38,737,111
11.870	Ambulance SRV Reim Allow Transfer						
	Core		0.00	20,837,332	-	-	20,837,332
	Total		0.00	20,837,332	-	-	20,837,332
11.875	GR Ambulance SRV Reim. Allow Transfer						
	Core		0.00	-	-	20,837,332	20,837,332
	Total		0.00	-	-	20,837,332	20,837,332
11.880	GR FRA Transfer						
	Core		0.00	718,701,378	-	-	718,701,378
	Total		0.00	718,701,378	-	-	718,701,378
11.885	FRA Transfer						
	Core		0.00	-	-	718,701,378	718,701,378
	Total		0.00	-	-	718,701,378	718,701,378

DEPARTMENT OF SOCIAL SERVICES
FISCAL YEAR 2024 BRASS SECTION SUMMARY

H.B. Sec.	Decision Item Name	2024 Department Request				
		FTE	GR	FF	OF	Total
11.890	GR NFFRA Transfer					
	Core	0.00	210,950,510	-	-	210,950,510
	<i>Total</i>	0.00	210,950,510	-	-	210,950,510
11.895	Nursing Facility Reimbursement Transfer					
	Core	0.00	-	-	210,950,510	210,950,510
	<i>Total</i>	0.00	-	-	210,950,510	210,950,510
11.900	Nursing Facility Quality Transfer					
	Core	0.00	-	-	1,500,000	1,500,000
	<i>Total</i>	0.00	-	-	1,500,000	1,500,000
11.911	Fund 2292 Cash Transfer					
	NDI- Fund 2292 Cash Transfer	0.00	-	4,000,000	-	4,000,000
	<i>Total</i>	0.00	-	4,000,000	-	4,000,000
11.800	DSS Legal Expense Fund TRF					
	Core	0.00	1	-	-	1
	<i>Total</i>	0.00	1	-	-	1
<i>MHD Core Total</i>		249.70	2,715,749,051	7,813,736,625	4,588,046,944	15,117,532,620
<i>MHD NDI Total</i>		4.00	421,706,858	1,264,977,034	31,086,129	1,717,770,021
<i>Less MHD Non Counts</i>		0.00	(989,226,332)	(504,077,646)	(1,335,541,375)	(2,824,845,353)
<i>Total MHD</i>		253.70	2,148,229,577	8,574,636,013	3,283,591,698	14,010,457,288

Crossing Issues

**NDI - MHD Cost to
Continue**

NEW DECISION ITEM

Department: Social Services
Division: MO HealthNet
DI Name: MO HealthNet Cost to Continue **DI#** 1886009

Budget Unit: Various
HB Section: Various

1. AMOUNT OF REQUEST

	FY 2024 Budget Request			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	332,930,991	1,009,426,560	16,668,907	1,359,026,458
TRF	0	0	0	0
Total	332,930,991	1,009,426,560	16,668,907	1,359,026,458
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.				

Other Funds: Pharmacy Reimbursement Allowance Fund (0144) - \$349,150
 Nursing Facility Reimb Allowance Fund (0196) - \$90,025
 Federal Reimbursement Allowance Fund (0142) - \$16,229,732
 Non-Counts: N/A

	FY 2024 Governor's Recommendation			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	0	0	0	0
Total	0	0	0	0
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and				

Other Funds:
 Non-Counts:

2. THIS REQUEST CAN BE CATEGORIZED AS:

<input type="checkbox"/> New Legislation	<input type="checkbox"/> New Program	<input type="checkbox"/> Fund Switch
<input type="checkbox"/> Federal Mandate	<input type="checkbox"/> Program Expansion	<input checked="" type="checkbox"/> Cost to Continue
<input type="checkbox"/> GR Pick-Up	<input type="checkbox"/> Space Request	<input type="checkbox"/> Equipment Replacement
<input type="checkbox"/> Pay Plan	<input type="checkbox"/> Other: _____	

3. WHY IS THIS FUNDING NEEDED? PROVIDE AN EXPLANATION FOR ITEMS CHECKED IN #2. INCLUDE THE FEDERAL OR STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS PROGRAM.

Funds are requested for estimated costs in the FY 2024 budget. These amounts are based on actual MO HealthNet program expenditures through August 2022 and historical trends. It is anticipated that additional funding will be necessary to operate current MO HealthNet programs for Fiscal Year 2024. Programs with estimated shortfalls are listed below.

NEW DECISION ITEM

Department: Social Services
Division: MO HealthNet
DI Name: MO HealthNet Cost to Continue **DI# 1886009**

Budget Unit: Various
HB Section: Various

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFP fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

Funds are requested for estimated costs in the FY 2024 budget. These amounts are based on actual MO HealthNet program expenditures through August 2022 and historical trends. It is anticipated that additional funding will be necessary to operate current MO HealthNet programs for Fiscal Year 2024. Programs with estimated shortfalls are listed below.

	Department Request			
	GR	Federal	Other	Total
Clawback	99,317,047	0	0	99,317,047
Physician	0	24,028,467	0	24,028,467
CCBHO	13,589,139	19,310,591	0	32,899,730
Dental	111,474	630,604	0	742,078
Premium	0	6,083,808	0	6,083,808
Nursing Facilities	9,075,470	26,534,284	0	35,609,754
Rehab	0	40,919,727	0	40,919,727
NEMT	0	26,960	0	26,960
Complex Rehab	75,487	148,639	0	224,126
Managed Care	140,225,521	421,865,551	0	562,091,072
MC Specialty Plan	47,050,749	71,961,733	0	119,012,482
Hospital	20,942,241	53,283,011	0	74,225,252
Health Homes	1,197,532	1,673,456	0	2,870,988
CHIP	1,346,331	29,152,184	0	30,498,515
AEG	0	313,807,545	16,668,907	330,476,452
Total	332,930,991	1,009,426,560	16,668,907	1,359,026,458

NEW DECISION ITEM

Department: Social Services
Division: MO HealthNet
DI Name: MO HealthNet Cost to Continue

DI# 1886009

Budget Unit: Various

HB Section: Various

	Department Request			
Clawback (11.700)	GR	Federal	Other	Total
PHE Caseload/Increased Fed Rate in FY23	99,317,047	0	0	99,317,047
Total Clawback	99,317,047	0	0	99,317,047

Physician Services (11.715)	GR	Federal	Other	Total
Caseload/Utilization/Inflation in FY23	0	24,028,467	0	24,028,467
Total Physician Services	0	24,028,467	0	24,028,467

CCBHO (11.715)	GR	Federal	Other	Total
Caseload/Utilization/Inflation in FY23	13,589,139	19,310,591	0	32,899,730
Total CCBHO	13,589,139	19,310,591	0	32,899,730

Dental Services (11.720)	GR	Federal	Other	Total
Caseload/Utilization/Inflation in FY23	111,474	630,604	0	742,078
Total Dental Services	111,474	630,604	0	742,078

Premium Payments (11.725)	GR	Federal	Other	Total
PHE Caseload/Increased Fed Rate in FY23	0	6,083,808	0	6,083,808
Total Premium Payments	0	6,083,808	0	6,083,808

Nursing Facilities (11.730)	GR	Federal	Other	Total
Utilization in FY23	9,075,470	26,534,284	0	35,609,754
Total Nursing Facilities	9,075,470	26,534,284	0	35,609,754

Rehab and Specialty Services (11.745)	GR	Federal	Other	Total
Caseload/Utilization in FY23	0	40,919,727	0	40,919,727
Total Rehabilitation and Specialty Services	0	40,919,727	0	40,919,727

NEW DECISION ITEM

Department: Social Services
Division: MO HealthNet
DI Name: MO HealthNet Cost to Continue DI# 1886009

Budget Unit: Various
HB Section: Various

	Department Request			
NEMT (11.745)	GR	Federal	Other	Total
Caseload/Utilization in FY23	0	26,960	0	26,960
Total NEMT	0	26,960	0	26,960

Complex Rehab (11.755)	GR	Federal	Other	Total
Caseload/Utilization/Inflation in FY23	75,487	148,639	0	224,126
Total Complex Rehab	75,487	148,639	0	224,126

Managed Care (11.760)	GR	Federal	Other	Total
PHE Caseload/Inflation in FY23	140,225,521	421,865,551	0	562,091,072
Total Managed Care	140,225,521	421,865,551	0	562,091,072

Managed Care Specialty Plan (11.762)	GR	Federal	Other	Total
Caseload/Utilization/Inflation in FY23	37,050,749	71,961,733	0	109,012,482
IMD GR Only Population	10,000,000	0	0	10,000,000
Total Managed Care Specialty Plan	47,050,749	71,961,733	0	119,012,482

Hospital Care (11.765)	GR	Federal	Other	Total
Caseload/Utilization/Inflation in FY23	20,942,241	53,283,011	0	74,225,252
Total Hospital Care	20,942,241	53,283,011	0	74,225,252

Health Homes (11.785)	GR	Federal	Other	Total
Caseload/Utilization in FY23	1,197,532	1,673,456	0	2,870,988
Total Health Homes	1,197,532	1,673,456	0	2,870,988

CHIP (11.800)	GR	Federal	Other	Total
PHE Caseload/Inflation in FY23	1,346,331	29,152,184	0	30,498,515
Total CHIP	1,346,331	29,152,184	0	30,498,515

NEW DECISION ITEM

Department: Social Services
Division: MO HealthNet
DI Name: MO HealthNet Cost to Continue DI# 1886009

Budget Unit: Various
HB Section: Various

	Department Request			
AEG (11.825)	GR	Federal	Other	Total
AEG State Share	0	16,463,591	0	16,463,591
AEG Federal Share	0	297,343,954	0	297,343,954
AEG Provider Tax Payments	0	0	16,668,907	16,668,907
Total AEG	0	313,807,545	16,668,907	330,476,452

TOTAL	332,930,991	1,009,426,560	16,668,907	1,359,026,458
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SFY24 Medicaid Core Reductions	GR	Federal	Other	Total
Pharmacy	(107,303,571)	(42,731,235)	0	(150,034,806)
MoRX	(952,285)	0	0	(952,285)
Physician	(1,948,631)	0	0	(1,948,631)
Rehab	(8,200,341)	0	0	(8,200,341)
Premium	(8,098,636)	0	0	(8,098,636)
Home Health	(16,625)	(45,165)	0	(61,790)
NEMT	(1,279,869)	0	0	(1,279,869)
SMHB	(1,682,649)	(5,316,102)	0	(6,998,751)
Blind Medical	(500,903)	0	0	(500,903)
TOTAL	(129,983,510)	(48,092,502)	0	(178,076,012)

TOTAL Net Medicaid Request	202,947,481	961,334,058	16,668,907	1,180,950,446
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NEW DECISION ITEM

Department: Social Services
Division: MO HealthNet
DI Name: MO HealthNet Cost to Continue

DI# 1886009

Budget Unit: Various
HB Section: Various

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.

	Dept Req	Dept Req	Dept Req	Dept Req	Dept Req	Dept Req	Dept Req	Dept Req	Dept Req
		GR	FED	FED	OTHER	OTHER	TOTAL	TOTAL	One-Time
Budget Object Class/Job Class	GR DOLLARS	FTE	DOLLARS	FTE	DOLLARS	FTE	DOLLARS	FTE	DOLLARS
800 - Program Distributions	332,930,991		1,009,426,560		16,668,907		1,359,026,458		0
Total PSD	332,930,991		1,009,426,560		16,668,907		1,359,026,458		0
Grand Total	332,930,991	0.0	1,009,426,560	0.0	16,668,907	0.0	1,359,026,458	0.0	0

	Gov Rec	Gov Rec	Gov Rec	Gov Rec	Gov Rec	Gov Rec	Gov Rec	Gov Rec	Gov Rec
	GR	GR	FED	FED	OTHER	OTHER	TOTAL	TOTAL	One-Time
Budget Object Class/Job Class	DOLLARS	FTE	DOLLARS	FTE	DOLLARS	FTE	DOLLARS	FTE	DOLLARS
800 - Program Distributions	0		0		0		0		0
Total PSD	0		0		0		0		0
Grand Total	0	0.0	0	0.0	0	0.0	0	0.0	0

NEW DECISION ITEM

Department: Social Services
Division: MO HealthNet
DI Name: MO HealthNet Cost to Continue **DI# 1886009**

Budget Unit: Various
HB Section: Various

6. PERFORMANCE MEASURES (If new decision item has an associated core, separately identify projected performance with & without additional funding.)

6a. Provide an activity measure(s) for the program.

Since this decision item is a combined request for the increase in authority of several programs, measures are found in the individual program descriptions.

6c. Provide a measure(s) of the program's impact.

Since this decision item is a combined request for the increase in authority of several programs, measures are found in the individual program descriptions.

6b. Provide a measure(s) of the program's quality.

Since this decision item is a combined request for the increase in authority of several programs, measures are found in the individual program descriptions.

6d. Provide a measure(s) of the program's efficiency.

Since this decision item is a combined request for the increase in authority of several programs, measures are found in the individual program descriptions.

7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:

N/A

DECISION ITEM DETAIL

Budget Unit	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
PHARMACY-MED PART D-CLAWBACK								
MHD CTC - 1886009								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	99,317,047	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	99,317,047	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$99,317,047	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$99,317,047	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
PHYSICIAN RELATED PROF								
MHD CTC - 1886009								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	24,028,467	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	24,028,467	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$24,028,467	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$24,028,467	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
CCBHO								
MHD CTC - 1886009								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	32,899,730	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	32,899,730	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$32,899,730	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$13,589,139	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$19,310,591	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
DENTAL								
MHD CTC - 1886009								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	742,078	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	742,078	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$742,078	0.00	\$0	0.00
GENERAL REVENUE								
	\$0	0.00	\$0	0.00	\$111,474	0.00		0.00
FEDERAL FUNDS								
	\$0	0.00	\$0	0.00	\$630,604	0.00		0.00
OTHER FUNDS								
	\$0	0.00	\$0	0.00	\$0	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
PREMIUM PAYMENTS								
MHD CTC - 1886009								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	6,083,808	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	6,083,808	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$6,083,808	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$6,083,808	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
NURSING FACILITIES								
MHD CTC - 1886009								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	35,609,754	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	35,609,754	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$35,609,754	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$9,075,470	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$26,534,284	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
REHAB AND SPECIALTY SERVICES								
MHD CTC - 1886009								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	40,919,727	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	40,919,727	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$40,919,727	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$40,919,727	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
NON-EMERGENCY TRANSPORT								
MHD CTC - 1886009								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	26,960	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	26,960	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$26,960	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$26,960	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
COMPLEX REHAB TECHNLOGY PRDUCTS								
MHD CTC - 1886009								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	224,126	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	224,126	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$224,126	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$75,487	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$148,639	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
MANAGED CARE								
MHD CTC - 1886009								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	562,091,072	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	562,091,072	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$562,091,072	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$140,225,521	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$421,865,551	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
MANAGED CARE SPECIALTY PLAN								
MHD CTC - 1886009								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	119,012,482	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	119,012,482	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$119,012,482	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$47,050,749	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$71,961,733	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
HOSPITAL CARE								
MHD CTC - 1886009								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	74,225,252	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	74,225,252	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$74,225,252	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$20,942,241	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$53,283,011	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
HEALTH HOMES								
MHD CTC - 1886009								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	2,870,988	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	2,870,988	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$2,870,988	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$1,197,532	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$1,673,456	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
CHILDREN'S HEALTH INS PROGRAM								
MHD CTC - 1886009								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	30,498,515	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	30,498,515	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$30,498,515	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$1,346,331	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$29,152,184	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
ADULT EXPANSION GROUP (AEG)								
MHD CTC - 1886009								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	330,476,452	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	330,476,452	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$330,476,452	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$313,807,545	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$16,668,907	0.00		0.00

NDI - Managed Care Actuarial Rate Increase

NEW DECISION ITEM

Department: Social Services	
Division: MO HealthNet	
DI Name: Managed Care Actuarial Increase	DI# 1886011

Budget Unit: 90551C, 90601C, 90556C, 88855C, 90603C

HB Section: 11.760, 11.762, 11.800, 11.805, 11.825

1. AMOUNT OF REQUEST	
1.1	1.1.1
1.2	1.2.1
1.3	1.3.1
1.4	1.4.1
1.5	1.5.1
1.6	1.6.1
1.7	1.7.1
1.8	1.8.1
1.9	1.9.1
1.10	1.10.1
1.11	1.11.1
1.12	1.12.1
1.13	1.13.1
1.14	1.14.1
1.15	1.15.1
1.16	1.16.1
1.17	1.17.1
1.18	1.18.1
1.19	1.19.1
1.20	1.20.1
1.21	1.21.1
1.22	1.22.1
1.23	1.23.1
1.24	1.24.1
1.25	1.25.1
1.26	1.26.1
1.27	1.27.1
1.28	1.28.1
1.29	1.29.1
1.30	1.30.1
1.31	1.31.1
1.32	1.32.1
1.33	1.33.1
1.34	1.34.1
1.35	1.35.1
1.36	1.36.1
1.37	1.37.1
1.38	1.38.1
1.39	1.39.1
1.40	1.40.1
1.41	1.41.1
1.42	1.42.1
1.43	1.43.1
1.44	1.44.1
1.45	1.45.1
1.46	1.46.1
1.47	1.47.1
1.48	1.48.1
1.49	1.49.1
1.50	1.50.1
1.51	1.51.1
1.52	1.52.1
1.53	1.53.1
1.54	1.54.1
1.55	1.55.1
1.56	1.56.1
1.57	1.57.1
1.58	1.58.1
1.59	1.59.1
1.60	1.60.1
1.61	1.61.1
1.62	1.62.1
1.63	1.63.1
1.64	1.64.1
1.65	1.65.1
1.66	1.66.1
1.67	1.67.1
1.68	1.68.1
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1.70	1.70.1
1.71	1.71.1
1.72	1.72.1
1.73	1.73.1
1.74	1.74.1
1.75	1.75.1
1.76	1.76.1
1.77	1.77.1
1.78	1.78.1
1.79	1.79.1
1.80	1.80.1
1.81	1.81.1
1.82	1.82.1
1.83	1.83.1
1.84	1.84.1
1.85	1.85.1
1.86	1.86.1
1.87	1.87.1
1.88	1.88.1
1.89	1.89.1
1.90	1.90.1
1.91	1.91.1
1.92	1.92.1
1.93	1.93.1
1.94	1.94.1
1.95	1.95.1
1.96	1.96.1
1.97	1.97.1
1.98	1.98.1
1.99	1.99.1
1.100	1.100.1

	FY 2024 Budget Request			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	50,727,593	131,440,202	0	182,167,795
TRF	0	0	0	0
Total	50,727,592	131,440,203	0	182,167,795
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds: N/A
Non-Counts: N/A

	FY 2024 Governor's Recommendation			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	0	0	0	0
Total	0	0	0	0
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds:
Non-Counts:

2. THIS REQUEST CAN BE CATEGORIZED AS:

	New Legislation		New Program		Fund Switch
X	Federal Mandate		Program Expansion		Cost to Continue
	GR Pick-Up		Space Request		Equipment Replacement
	Pay Plan		Other:		

NEW DECISION ITEM

Department: Social Services
Division: MO HealthNet
DI Name: Managed Care Actuarial Increase DI# 1886011

Budget Unit: 90551C, 90601C, 90556C, 88855C, 90603C
HB Section: 11.760, 11.762, 11.800, 11.805, 11.825

3. WHY IS THIS FUNDING NEEDED? PROVIDE AN EXPLANATION FOR ITEMS CHECKED IN #2. INCLUDE THE FEDERAL OR STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS PROGRAM.

This NDI is needed to fund an increase for managed care medical, newborn delivery, and Neonatal Intensive Care Unit (NICU) services to ensure that managed care payments are actuarially sound. The FY24 rates are based on an estimated budget trend developed utilizing actuarial standards which consider historical trends in utilization and inflation, budget and legislative changes, and federal requirements.

MO HealthNet needs to maintain capitation rates at a sufficient level to ensure continued health plan and provider participation. The Federal Authority is Social Security Act Section 1915(b) and 1115 Waiver. The Federal Regulation is 42 CFR 438-Managed Care, and the State Authority is Section 208.166, RSMo. Final federal rules and regulations published June 14, 2002, effective August 13, 2003, require that capitation payments made on behalf of managed care participants be actuarially sound. Further, the state must provide the actuarial certification of the capitation rates to the CMS. The CMS Regional Office must review and approve all contracts for managed care as a condition for federal financial participation.

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFP fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

The chart below details the projected need for all medical services, as well as the births of children and Neonatal Intensive Care Unit (NICU) care for newborns in need of specialized care. Pharmacy benefits were carved out of managed care beginning October 1, 2009; therefore, participants receive their pharmacy benefits through the fee-for-service program. The FY24 rates are based on an estimated budget trend developed utilizing actuarial standards which consider historical trends in utilization and inflation, budget and legislative changes, and federal requirements.

NEW DECISION ITEM

Department: Social Services
Division: MO HealthNet
DI Name: Managed Care Actuarial Increase DI# 1886011

Budget Unit: 90551C, 90601C, 90556C, 88855C, 90603C
HB Section: 11.760, 11.762, 11.800, 11.805, 11.825

Program	Region	FY23	FY24	Difference	Participants	Contract Months	Total
Medical-Managed Care	Eastern	\$260.73	\$274.78	\$14.05	218,413	12	\$36,834,081
Medical-Managed Care	Central	\$275.75	\$292.84	\$17.09	180,489	12	\$37,015,204
Medical-Managed Care	Western	\$299.29	\$317.18	\$17.89	153,397	12	\$32,937,329
Medical-Managed Care	SW	\$246.42	\$263.00	\$16.57	127,619	12	\$25,382,950
<i>subtotal Managed Care</i>							\$132,169,564

Medical TIXXI CHIP-Child	Eastern	\$264.97	\$275.30	\$10.33	7,880	12	\$977,176
Medical TIXXI CHIP-Child	Central	\$232.79	\$240.70	\$7.91	8,006	12	\$760,400
Medical TIXXI CHIP-Child	Western	\$309.51	\$320.97	\$11.45	6,430	12	\$883,573
Medical TIXXI CHIP-Child	SW	\$228.80	\$239.10	\$10.30	5,907	12	\$729,862
<i>subtotal TIXXI CHIP Children</i>							\$3,351,011

Medical Prenatal Services for Unborn-Show Me Healthy Babies	Eastern	\$502.50	\$579.27	\$76.78	595	12	\$547,721
Medical Prenatal Services for Unborn-Show Me Healthy Babies	Central	\$493.58	\$569.38	\$75.80	427	12	\$388,825
Medical Prenatal Services for Unborn-Show Me Healthy Babies	Western	\$492.60	\$555.31	\$62.71	581	12	\$437,227
Medical Prenatal Services for Unborn-Show Me Healthy Babies	SW	\$420.77	\$480.73	\$59.96	414	12	\$298,086

Medical First Year following birth-Show Me Healthy Babies	Eastern	\$746.51	\$765.30	\$18.79	691	12	\$155,723
Medical First Year following birth-Show Me Healthy Babies	Central	\$563.94	\$578.70	\$14.76	496	12	\$87,772
Medical First Year following birth-Show Me Healthy Babies	Western	\$743.18	\$763.04	\$19.86	757	12	\$180,360
Medical First Year following birth-Show Me Healthy Babies	SW	\$560.63	\$575.63	\$15.01	480	12	\$86,383
<i>subtotal SMHB</i>							\$2,182,097

Medical-Managed Care-AEG population growth	Eastern	\$496.78	\$502.99	\$6.21	118,313	12	\$8,815,445
Medical-Managed Care-AEG population growth	Central	\$567.06	\$576.46	\$9.40	98,999	12	\$11,162,923
Medical-Managed Care-AEG population growth	Western	\$543.96	\$551.60	\$7.64	81,401	12	\$7,463,278
Medical-Managed Care-AEG population growth	SW	\$514.99	\$520.54	\$5.55	69,777	12	\$4,647,781
<i>subtotal AEG growth</i>							\$32,089,427

Total Need Medical Trend \$169,792,099

NEW DECISION ITEM

Department: Social Services
Division: MO HealthNet
DI Name: Managed Care Actuarial Increase **DI# 1886011**

Budget Unit: **90551C, 90601C, 90556C, 88855C, 90603C**
HB Section: **11.760, 11.762, 11.800, 11.805, 11.825**

Program	Region	FY23	FY24	Difference	Participants	Contract Months	Total
Deliveries-Managed Care, CHIP, SMHB	Eastern	\$6,444.05	\$6,462.81	\$18.76	723	12	\$162,717
Deliveries-Managed Care, CHIP, SMHB	Central	\$5,134.00	\$5,149.39	\$15.39	615	12	\$113,634
Deliveries-Managed Care, CHIP, SMHB	Western	\$4,868.66	\$4,882.85	\$14.19	527	12	\$89,649
Deliveries-Managed Care, CHIP, SMHB	SW	\$4,708.94	\$4,721.76	\$12.82	438	12	\$67,334
<i>subtotal Managed Care, SMHB and CHIP Deliveries</i>							\$433,334

Total Need Deliveries Trend **\$433,334**

NICU-Managed Care, CHIP, SMHB	Eastern	\$230,825.57	\$235,371.79	\$4,546.22	13	12	\$731,941
NICU-Managed Care, CHIP, SMHB	Central	\$192,984.31	\$196,794.93	\$3,810.62	8	12	\$350,577
NICU-Managed Care, CHIP, SMHB	Western	\$190,910.56	\$194,704.42	\$3,793.86	7	12	\$314,890
NICU-Managed Care, CHIP, SMHB	SW	\$163,253.15	\$166,469.36	\$3,216.21	5	12	\$180,108
<i>subtotal Managed Care, SMHB and CHIP NICU</i>							\$1,577,516

Total Need NICU Trend **\$1,577,516**

Program	Region	FY23	FY24	Difference	Participants	Contract Months	Total
Managed Care - Specialty Plan	Eastern	\$655.04	\$677.31	\$22.27	10,875	12	\$2,906,368
Managed Care - Specialty Plan	Central	\$655.04	\$677.31	\$22.27	11,712	12	\$3,130,106
Managed Care - Specialty Plan	Western	\$655.04	\$677.31	\$22.27	8,259	12	\$2,207,270
Managed Care - Specialty Plan	SW	\$655.04	\$677.31	\$22.27	7,937	12	\$2,121,102
<i>Total Managed Care Specialty Plan</i>							\$10,364,846

Total Need Medical, Deliveries, NICU, and Specialty Plan \$182,167,795

NEW DECISION ITEM

Department: Social Services
Division: MO HealthNet
DI Name: Managed Care Actuarial Increase **DI# 1886011**

Budget Unit: **90551C, 90601C, 90556C, 88855C, 90603C**
HB Section: **11.760, 11.762, 11.800, 11.805, 11.825**

	Total	GR	Federal
Managed Care	134,019,546	45,821,283	88,198,263
AEG State Share	3,208,943	0	3,208,943
AEG Federal Share	28,880,484	0	28,880,484
CHIP	3,351,011	801,897	2,549,114
SMHB	2,342,965	560,672	1,782,293
Specialty Plan	10,364,846	3,543,741	6,821,105
	\$182,167,795	\$50,727,593	\$131,440,202

	FMAP
Regular	65.81%
CHIP	76.07%
AEG	90.00%

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.									
Budget Object Class/Job Class	Dept Req GR DOLLARS	Dept Req GR FTE	Dept Req FED DOLLARS	Dept Req FED FTE	Dept Req OTHER DOLLARS	Dept Req OTHER FTE	Dept Req TOTAL DOLLARS	Dept Req TOTAL FTE	Dept Req One-Time DOLLARS
800 - Program Distributions	50,727,592		131,440,203		0		182,167,795		0
Total PSD	50,727,592		131,440,203		0		182,167,795		0
Grand Total	50,727,592	0.0	131,440,203	0.0	0	0.0	182,167,795	0.0	0.0

Budget Object Class/Job Class	Gov Rec GR DOLLARS	Gov Rec GR FTE	Gov Rec FED DOLLARS	Gov Rec FED FTE	Gov Rec OTHER DOLLARS	Gov Rec OTHER FTE	Gov Rec TOTAL DOLLARS	Gov Rec TOTAL FTE	Gov Rec One-Time DOLLARS
800 - Program Distributions	0		0		0		0		0
Total PSD	0		0		0		0		0
Grand Total	0	0.0	0	0.0	0	0.0	0	0.0	0

NEW DECISION ITEM

Department: Social Services
Division: MO HealthNet
DI Name: Managed Care Actuarial Increase DI# 1886011

Budget Unit: 90551C, 90601C, 90556C, 88855C, 90603C
HB Section: 11.760, 11.762, 11.800, 11.805, 11.825

6. PERFORMANCE MEASURES (If new decision item has an associated core, separately identify projected performance with & without additional funding.)

6a. Provide an activity measure(s) for the program.
Please see the Managed Care core section for performance measures.

6b. Provide a measure(s) of the program's quality.
Please see the Managed Care core section for performance

6c. Provide a measure(s) of the program's impact.
Please see the Managed Care core section for performance measures.

6d. Provide a measure(s) of the program's efficiency.
Please see the Managed Care core section for performance

7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:

N/A

DECISION ITEM DETAIL

Budget Unit	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
MANAGED CARE								
Managed Care Actuarial Increas - 1886011								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	134,019,546	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	134,019,546	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$134,019,546	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$45,821,283	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$88,198,263	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
MANAGED CARE SPECIALTY PLAN								
Managed Care Actuarial Increas - 1886011								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	10,364,846	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	10,364,846	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$10,364,846	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$3,543,741	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$6,821,105	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
CHILDREN'S HEALTH INS PROGRAM								
Managed Care Actuarial Increas - 1886011								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	3,351,011	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	3,351,011	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$3,351,011	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$801,897	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$2,549,114	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
SHOW-ME BABIES								
Managed Care Actuarial Increas - 1886011								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	2,342,965	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	2,342,965	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$2,342,965	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$560,672	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$1,782,293	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
ADULT EXPANSION GROUP (AEG)								
Managed Care Actuarial Increas - 1886011								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	32,089,427	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	32,089,427	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$32,089,427	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$32,089,427	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

**NDI - Pharmacy PMPM
Increase Specialty**

NEW DECISION ITEM

Department: Social Services
Division: MO HealthNet
DI Name: Pharmacy Specialty PMPM **DI#** 1886017

Budget Unit: 90541C, 90556C, 88855C, 90573C, 90603C
HB Section: 11.700,11.800, 11.805, 11.815, 11.825

1. AMOUNT OF REQUEST

FY 2024 Budget Request				
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	16,475,204	40,153,672	0	56,628,876
TRF	0	0	0	0
Total	16,475,204	40,153,672	0	56,628,876
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.				

Other Funds: N/A
 Non-Counts: N/A

FY 2024 Governor's Recommendation				
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	0	0	0	0
Total	0	0	0	0
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.				

Other Funds:
 Non-Counts:

2. THIS REQUEST CAN BE CATEGORIZED AS:

<input type="checkbox"/> New Legislation	<input type="checkbox"/> New Program	<input type="checkbox"/> Fund Switch
<input type="checkbox"/> Federal Mandate	<input type="checkbox"/> Program Expansion	<input type="checkbox"/> Cost to Continue
<input type="checkbox"/> GR Pick-Up	<input type="checkbox"/> Space Request	<input type="checkbox"/> Equipment Replacement
<input type="checkbox"/> Pay Plan	<input checked="" type="checkbox"/> Other: Inflation/Utilization	

3. WHY IS THIS FUNDING NEEDED? PROVIDE AN EXPLANATION FOR ITEMS CHECKED IN #2. INCLUDE THE FEDERAL OR STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS PROGRAM.

Funds are needed to address the anticipated increases in the pharmacy program due to new drugs, therapies, and inflation.

This decision item requests funding for the ongoing inflation of pharmaceuticals and the anticipated increase in pharmacy expenditures attributed to specialty drugs. Specialty drugs account for the majority of the projected increase in pharmacy expenditures.

State statute: Section 208.201, RSMo. Federal Law: Social Security Act Section 1902(a)(4). Federal Regulations: 42 CFR, Part 432.

NEW DECISION ITEM

Department: Social Services
Division: MO HealthNet
DI Name: Pharmacy Specialty PMPM DI# 1886017

Budget Unit: 90541C, 90556C, 88855C, 90573C, 90603C
HB Section: 11.700, 11.800, 11.805, 11.815, 11.825

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFP fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

MHD utilized the Mercer Trend Report and historical actual experience in support of the decision item.

Specialty drugs, which account for the majority of the projected increase in pharmacy expenditures, treat complex chronic and/or life threatening conditions. Drugs are considered specialty drugs within MHD if the prescription cost is \$600 or more. Specialty drugs are often the first effective treatment of a condition. Many specialty products face little market competition and target a small patient population, which results in a high cost per unit. Most specialty products are complex “biologics” and are not easily copied; making introduction of generics a long, slow process. Typically, specialty drugs require special storage, handling, and administration. They may also require detailed patient instructions and adherence monitoring by qualified healthcare providers. Additionally, there is generally pent up demand for a new specialty drug, making the first few years of use very expensive.

The top driving categories in the specialty drug trend include rheumatoid arthritis and inflammatory conditions, oncology, and HIV. The FDA has approved Cabenuva, the first once-monthly complete HIV regimen and Apretude a new injectable product for pre-exposure prophylaxis. The oncology market continues to grow in spend and utilization as more oral therapies are being approved.

Continued specialty drug approvals for rare diseases will also contribute to the driving increases in pharmacy trend.

Mercer indicates that overall annual spending on drugs is forecasted to increase 7% to 10% between CY 2021 and CY 2022 and increase 6% to 9% between CY 2022 and CY 2023. Mercer National Drug Trend report implies CMS projects total health spending to grow at an average rate of 5.4% between 2019-2028. MHD expended 59.0% of all pharmacy costs on specialty drugs in FY19, 61.0.0% in FY20, 63.0% in FY21, and 67.34% in FY22. The difference in the specialty rate percentages between MHD and the commercial market is due to the MHD caseload mix.

NEW DECISION ITEM

Department: Social Services
Division: MO HealthNet
DI Name: Pharmacy Specialty PMPM **DI# 1886017**

Budget Unit: **90541C, 90556C, 88855C, 90573C, 90603C**
HB Section: **11.700,11.800, 11.805, 11.815, 11.825**

	<u>OAA Specialty</u>	<u>PTD Specialty</u>	<u>Others Specialty</u>	<u>Total</u>
FY22 PMPM	\$329.16	\$622.18	\$60.83	
Specialty Rate	64.00%	64.00%	64.00%	
Subtotal	\$210.66	\$398.20	\$38.93	
FY23 PMPM Trend Rate	12.201%	12.201%	12.201%	
Increase in PMPM	\$25.70	\$48.58	\$4.75	
FY23 Estimate	\$236.36	\$446.78	\$43.68	
FY24 PMPM Trend Rate	5.400%	5.400%	5.400%	
FY24 Estimate	\$12.76	\$24.13	\$2.36	
Members	11,637	95,315	962,135	
Monthly Cost	\$148,488	\$2,299,946	\$2,270,639	
12 Months	12	12	12	
Yearly Cost	\$1,781,856	\$27,599,352	\$27,247,668	\$56,628,876

	<u>FMAPs</u>	<u>TOTAL</u>	<u>GR</u>	<u>FF</u>
Blind Pension Medical		\$84,516	\$84,516	\$0
CHIP	76.07%	\$777,020	\$185,941	\$591,079
Pharmacy	65.81%	\$47,367,802	\$16,195,052	\$31,172,750
AEG State Share	90.00%	\$835,902	\$0	\$835,902
AEG Federal Share	90.00%	\$7,523,122	\$0	\$7,523,122
SMHB	76.07%	\$40,514	\$9,695	\$30,819
		\$56,628,876	\$16,475,204	\$40,153,672

NEW DECISION ITEM

Department: Social Services
Division: MO HealthNet
DI Name: Pharmacy Specialty PMPM **DI#** 1886017

Budget Unit: 90541C, 90556C, 88855C, 90573C, 90603C
HB Section: 11.700,11.800, 11.805, 11.815, 11.825

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.									
Budget Object Class/Job Class	Dept Req GR DOLLARS	Dept Req GR FTE	Dept Req FED DOLLARS	Dept Req FED FTE	Dept Req OTHER DOLLARS	Dept Req OTHER FTE	Dept Req TOTAL DOLLARS	Dept Req TOTAL FTE	Dept Req One-Time DOLLARS
800 - Program Distributions	16,475,204		40,153,672		0		56,628,876		0
Total PSD	16,475,204		40,153,672		0		56,628,876		0
Grand Total	16,475,204	0.0	40,153,672	0.0	0	0.0	56,628,876	0.0	0

Budget Object Class/Job Class	Gov Rec GR DOLLARS	Gov Rec GR FTE	Gov Rec FED DOLLARS	Gov Rec FED FTE	Gov Rec OTHER DOLLARS	Gov Rec OTHER FTE	Gov Rec TOTAL DOLLARS	Gov Rec TOTAL FTE	Gov Rec One-Time DOLLARS
800 - Program Distributions	0		0		0		0		0
Total PSD	0		0		0		0		0
Grand Total	0	0.0	0	0.0	0	0.0	0	0.0	0

NEW DECISION ITEM

Department: Social Services
Division: MO HealthNet
DI Name: Pharmacy Specialty PMPM DI# 1886017

Budget Unit: 90541C, 90556C, 88855C, 90573C, 90603C
HB Section: 11.700, 11.800, 11.805, 11.815, 11.825

6. PERFORMANCE MEASURES (If new decision item has an associated core, separately identify projected performance with & without additional funding.)

6a. Provide an activity measure(s) for the program.

Please see the Pharmacy core section for performance measures.

6b. Provide a measure(s) of the program's quality.

Please see the Pharmacy core section for performance measures.

6c. Provide a measure(s) of the program's impact.

Please see the Pharmacy core section for performance measures.

6d. Provide a measure(s) of the program's efficiency.

Please see the Pharmacy core section for performance measures.

7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:

N/A

DECISION ITEM DETAIL

Budget Unit	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
PHARMACY								
Pharmacy Specialty PMPM - 1886017								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	47,367,802	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	47,367,802	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$47,367,802	0.00	\$0	0.00
GENERAL REVENUE								
	\$0	0.00	\$0	0.00	\$16,195,052	0.00		0.00
FEDERAL FUNDS								
	\$0	0.00	\$0	0.00	\$31,172,750	0.00		0.00
OTHER FUNDS								
	\$0	0.00	\$0	0.00	\$0	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
CHILDREN'S HEALTH INS PROGRAM								
Pharmacy Specialty PMPM - 1886017								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	777,020	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	777,020	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$777,020	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$185,941	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$591,079	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
SHOW-ME BABIES								
Pharmacy Specialty PMPM - 1886017								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	40,514	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	40,514	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$40,514	0.00	\$0	0.00
GENERAL REVENUE								
	\$0	0.00	\$0	0.00	\$9,695	0.00		0.00
FEDERAL FUNDS								
	\$0	0.00	\$0	0.00	\$30,819	0.00		0.00
OTHER FUNDS								
	\$0	0.00	\$0	0.00	\$0	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
BLIND PENSION MEDICAL BENEFITS								
Pharmacy Specialty PMPM - 1886017								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	84,516	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	84,516	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$84,516	0.00	\$0	0.00
GENERAL REVENUE								
	\$0	0.00	\$0	0.00	\$84,516	0.00		0.00
FEDERAL FUNDS								
	\$0	0.00	\$0	0.00	\$0	0.00		0.00
OTHER FUNDS								
	\$0	0.00	\$0	0.00	\$0	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
ADULT EXPANSION GROUP (AEG)								
Pharmacy Specialty PMPM - 1886017								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	8,359,024	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	8,359,024	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$8,359,024	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$8,359,024	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

**NDI - Pharmacy PMPM
Increase Non-Specialty**

NEW DECISION ITEM

Department: Social Services
Division: MO HealthNet
DI Name: Pharmacy Non-Specialty PMPM **DI#** 1886018

Budget Unit: 90541C, 90556C, 88855C, 90573C, 90603C
HB Section: 11.700, 11.800, 11.805, 11.815, 11.825

1. AMOUNT OF REQUEST

	FY 2024 Budget Request			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	4,673,694	11,390,814	0	16,064,508
TRF	0	0	0	0
Total	4,673,694	11,390,814	0	16,064,508

FTE **0.00** **0.00** **0.00** **0.00**

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: N/A
 Non-Counts: N/A

	FY 2024 Governor's Recommendation			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	0	0	0	0
Total	0	0	0	0

FTE **0.00** **0.00** **0.00** **0.00**

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:
 Non-Counts:

2. THIS REQUEST CAN BE CATEGORIZED AS:

<input type="checkbox"/> New Legislation	<input type="checkbox"/> New Program	<input type="checkbox"/> Fund Switch
<input type="checkbox"/> Federal Mandate	<input type="checkbox"/> Program Expansion	<input type="checkbox"/> Cost to Continue
<input type="checkbox"/> GR Pick-Up	<input type="checkbox"/> Space Request	<input type="checkbox"/> Equipment Replacement
<input type="checkbox"/> Pay Plan	<input checked="" type="checkbox"/> Other: Inflation/Utilization	

3. WHY IS THIS FUNDING NEEDED? PROVIDE AN EXPLANATION FOR ITEMS CHECKED IN #2. INCLUDE THE FEDERAL OR STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS PROGRAM.

Funds are needed to address the anticipated increases in the pharmacy program due to new drugs, therapies, and inflation.

This decision item requests funding for the ongoing inflation of pharmaceuticals and the anticipated increase in pharmacy expenditures attributed to non-specialty drugs.

State statute: Section 208.201, RSMo; Federal Law: Social Security Act Section 1902(a)(4); Federal Regulations: 42 CFR, Part 432

NEW DECISION ITEM

Department: Social Services
Division: MO HealthNet
DI Name: Pharmacy Non-Specialty PMPM **DI#** 1886018

Budget Unit: 90541C, 90556C, 88855C, 90573C, 90603C
HB Section: 11.700, 11.800, 11.805, 11.815, 11.825

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFP fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

MHD utilized the Mercer Trend Report and historical actual experience in support of the decision item.

Non-specialty drugs are generally drugs that are not used to treat complex, chronic conditions; do not require special administration, handling, or distribution; do not require monitoring of therapy to determine effectiveness and/or side effects; or have per-member-per-month (PMPM) costs below \$600.

Non-specialty drugs are expected to have modest increases over the next few years. The top driving categories include diabetes, diabetes supplies, gastrointestinal disorders, and blood modifying drugs. Mercer indicates that overall annual spending on the non-specialty trend is forecasted to increase 3.0% to 5.0% between CY21 and CY22 and 2.0% to 4.0% between CY22 and CY23. The percent of Non-specialty in the MHD expenditure has been 44.6% for FY18, 41.0% in FY19, 39.0% in FY20, and 36.58% in FY21. Based on the industry source, MHD assumes no non-specialty trend in FY20, 3.96% in FY21, 1.00% in FY22 and 3.00% in FY23.

NEW DECISION ITEM

Department: Social Services
Division: MO HealthNet
DI Name: Pharmacy Non-Specialty PMPM **DI# 1886018**

Budget Unit: **90541C, 90556C, 88855C, 90573C, 90603C**
HB Section: **11.700,11.800, 11.805, 11.815, 11.825**

	<u>OAA</u>	<u>PTD</u>	<u>Others</u>	
	<u>Non Specialty</u>	<u>Non Specialty</u>	<u>Non Specialty</u>	<u>Total</u>
FY22 PMPM	\$329.16	\$622.18	\$60.83	
Non Specialty Rate	32.66%	32.66%	32.66%	
Subtotal	\$107.50	\$203.20	\$19.87	
FY23 PMPM Trend Rate	12.20%	12.20%	12.20%	
Increase in PMPM	\$13.12	\$24.79	\$2.42	
FY23 Estimate	\$120.62	\$227.99	\$22.29	
FY24 PMPM Trend Rate	3.000%	3.000%	3.000%	
FY24 Estimate	\$3.62	\$6.84	\$0.67	
Members	11,637	95,315	962,135	
Monthly Cost	\$42,126	\$651,953	\$644,630	
12 Months	12	12	12	
Yearly Cost	\$505,512	\$7,823,436	\$7,735,560	\$16,064,508
	FMAP	Total	GR	FF
Blind Pension Medical		\$23,976	\$23,976	\$0
CHIP	76.07%	\$220,425	\$52,748	\$167,677
Pharmacy	65.81%	\$13,437,322	\$4,594,220	\$8,843,102
AEG State Share	90.00%	\$237,129	\$0	\$237,129
AEG Federal Share	90.00%	\$2,134,163	\$0	\$2,134,163
SMHB	76.07%	\$11,493	\$2,750	\$8,743
		\$16,064,508	\$4,673,694	\$11,390,814

NEW DECISION ITEM

Department: Social Services
Division: MO HealthNet
DI Name: Pharmacy Non-Specialty PMPM **DI#** 1886018

Budget Unit: 90541C, 90556C, 88855C, 90573C, 90603C
HB Section: 11.700,11.800, 11.805, 11.815, 11.825

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.

	Dept Req	Dept Req	Dept Req	Dept Req	Dept Req	Dept Req	Dept Req	Dept Req	Dept Req
	GR	GR	FED	FED	OTHER	OTHER	TOTAL	TOTAL	One-Time
Budget Object Class/Job Class	DOLLARS	FTE	DOLLARS	FTE	DOLLARS	FTE	DOLLARS	FTE	DOLLARS
800 - Program Distributions	4,673,694		11,390,814		0		16,064,508		0
Total PSD	4,673,694		11,390,814		0		16,064,508		0
Grand Total	4,673,694	0.0	11,390,814	0.0	0	0.0	16,064,508	0.0	0

	Gov Rec	Gov Rec	Gov Rec	Gov Rec	Gov Rec	Gov Rec	Gov Rec	Gov Rec	Gov Rec
	GR	GR	FED	FED	OTHER	OTHER	TOTAL	TOTAL	One-Time
Budget Object Class/Job Class	DOLLARS	FTE	DOLLARS	FTE	DOLLARS	FTE	DOLLARS	FTE	DOLLARS
800 - Program Distributions	0		0		0		0		0
Total PSD	0		0		0		0		0
Grand Total	0	0.0	0	0.0	0	0.0	0	0.0	0

NEW DECISION ITEM

Department: Social Services
Division: MO HealthNet
DI Name: Pharmacy Non-Specialty PMPM **DI# 1886018**

Budget Unit: **90541C, 90556C, 88855C, 90573C, 90603C**
HB Section: **11.700,11.800, 11.805, 11.815, 11.825**

6. PERFORMANCE MEASURES (If new decision item has an associated core, separately identify projected performance with & without additional funding.)

6a. Provide an activity measure(s) for the program.

Please see the Pharmacy core section for performance measures.

6b. Provide a measure(s) of the program's quality.

Please see the Pharmacy core section for performance measures.

6c. Provide a measure(s) of the program's impact.

Please see the Pharmacy core section for performance measures.

6d. Provide a measure(s) of the program's efficiency.

Please see the Pharmacy core section for performance measures.

7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:

N/A

DECISION ITEM DETAIL

Budget Unit	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
PHARMACY								
Pharmacy Non-Specialty PMPM - 1886018								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	13,437,322	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	13,437,322	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$13,437,322	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$4,594,220	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$8,843,102	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
CHILDREN'S HEALTH INS PROGRAM								
Pharmacy Non-Specialty PMPM - 1886018								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	220,425	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	220,425	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$220,425	0.00	\$0	0.00
GENERAL REVENUE								
	\$0	0.00	\$0	0.00	\$52,748	0.00		0.00
FEDERAL FUNDS								
	\$0	0.00	\$0	0.00	\$167,677	0.00		0.00
OTHER FUNDS								
	\$0	0.00	\$0	0.00	\$0	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
SHOW-ME BABIES								
Pharmacy Non-Specialty PMPM - 1886018								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	11,493	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	11,493	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$11,493	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$2,750	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$8,743	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
BLIND PENSION MEDICAL BENEFITS								
Pharmacy Non-Specialty PMPM - 1886018								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	23,976	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	23,976	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$23,976	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$23,976	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
ADULT EXPANSION GROUP (AEG)								
Pharmacy Non-Specialty PMPM - 1886018								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	2,371,292	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	2,371,292	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$2,371,292	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$2,371,292	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

Core - MO HealthNet Administration

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: MO HealthNet Administration

Budget Unit: 90512C
HB Section: 11.600

1. CORE FINANCIAL SUMMARY

FY 2024 Budget Request				
	GR	Federal	Other	Total
PS	3,867,108	7,988,406	2,151,296	14,006,810
EE	9,330,851	17,551,517	1,385,162	28,267,530
PSD	0	0	0	0
TRF	0	0	0	0
Total	13,197,959	25,539,923	3,536,458	42,274,340
FTE	67.90	136.19	45.61	249.70

Est. Fringe	2,469,010	5,036,828	1,495,670	9,001,508
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds:

Pharmacy Reimbursement Allowance Fund (0144) - \$30,444
Health Initiatives Fund (HIF) (0275) - \$537,423
Nursing Facility Quality of Care Fund (NFQC) (0271) - \$108,342
Third Party Liability Collections Fund (TPL) (0120) - \$949,068
MO Rx Plan Fund (0779) - \$403,625
Federal Reimbursement Allowance Fund (FRA) (0142) - \$347,888
Ambulance Service Reimbursement Allowance Fund (0958) - \$149,343
Ground Emergency Medical Transportation Fund (GEMT) (0422) - \$475,824
Pharmacy Rebates Fund (0114) - \$531,501
Life Sciences Research Fund (0763) - \$3,000

FY 2024 Governor's Recommendation				
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	0	0	0	0
Total	0	0	0	0
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds:

2. CORE DESCRIPTION

The MO HealthNet Administration appropriation provides funding for the salaries and associated expense and equipment for the Central Office management and support staff. Funding from this appropriation is also used to support ongoing expense and equipment costs. MO HealthNet Division staff assist participants and providers.

3. PROGRAM LISTING (list programs included in this core funding)

MO HealthNet Administration

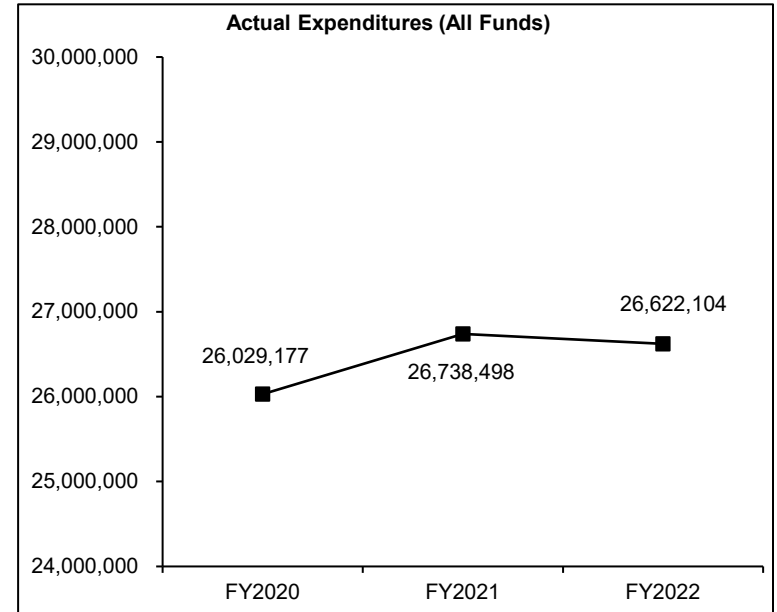
CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: MO HealthNet Administration

Budget Unit: 90512C
HB Section: 11.600

4. FINANCIAL HISTORY

	FY2020 Actual	FY2021 Actual	FY2022 Actual	FY2023 Current Yr.
Appropriation (All Funds)	36,585,758	37,797,562	38,384,391	40,572,508
Less Reverted (All Funds)	(375,999)	(375,709)	(377,438)	(386,534)
Less Restricted (All Funds)	(1,000,000)	0	0	0
Budget Authority (All Funds)	35,209,759	37,421,853	38,006,953	40,185,974
Actual Expenditures (All Funds)	26,029,177	26,738,498	26,622,104	N/A
Unexpended (All Funds)	9,180,582	10,683,355	11,384,849	N/A
Unexpended, by Fund:				
General Revenue	1,948,808	2,102,775	2,560,186	N/A
Federal	7,014,112	7,311,330	7,437,431	N/A
Other	217,662	1,269,250	1,387,232	N/A
	(1)	(2)	(3)	



*Current Year restricted amount is as of 9/01/2022.

Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

(1) FY20 - The Department limited all nonessential expense and equipment purchases due to revenue shortfalls as a result of the COVID pandemic. \$125,000 Ambulance Service FRA (0958) fund transferred in to cover program expenditures. \$1 Million GR was placed in restriction in FY20.

(2) FY21 - Funding for FY20 Pay Plan CTC and Market Adjustment Pay Plan totaling \$258,542. MOM Grant appropriation was established (\$750,000).

(3) FY22 - Pay Plans funded (\$899,149). MOM Grant (\$750,000 Fed) and Pharmacy Rebates Fund (\$55,553 Other) were held in agency reserve. \$60,000 Ambulance Service FRA (0958) fund transferred in to cover program expenditures.

CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES MO HEALTHNET ADMIN

5. CORE RECONCILIATION DETAIL

				Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES										
				PS	243.70	3,608,738	7,730,036	2,151,296	13,490,070	
				EE	0.00	8,738,305	16,958,971	1,385,162	27,082,438	
				Total	243.70	12,347,043	24,689,007	3,536,458	40,572,508	
DEPARTMENT CORE ADJUSTMENTS										
Core Reallocation	689	6376	PS	1.00	145,682		0	0	145,682	Reallocation from Transformation due to on-going costs.
Core Reallocation	689	6378	PS	1.00		0	145,682	0	145,682	Reallocation from Transformation due to on-going costs.
Core Reallocation	690	6378	PS	2.00		0	112,688	0	112,688	Reallocations from Transformation due to on-going costs.
Core Reallocation	690	6376	PS	2.00		112,688	0	0	112,688	Reallocations from Transformation due to on-going costs.
Core Reallocation	690	0215	EE	0.00		0	592,546	0	592,546	Reallocations from Transformation due to on-going costs.
Core Reallocation	690	6377	EE	0.00		592,546	0	0	592,546	Reallocations from Transformation due to on-going costs.
NET DEPARTMENT CHANGES					6.00	850,916	850,916	0	1,701,832	
DEPARTMENT CORE REQUEST										
				PS	249.70	3,867,108	7,988,406	2,151,296	14,006,810	
				EE	0.00	9,330,851	17,551,517	1,385,162	28,267,530	
				PD	0.00	0	0	0	0	
				Total	249.70	13,197,959	25,539,923	3,536,458	42,274,340	
GOVERNOR'S RECOMMENDED CORE										
				PS	249.70	3,867,108	7,988,406	2,151,296	14,006,810	

CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES
MO HEALTHNET ADMIN

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
GOVERNOR'S RECOMMENDED CORE							
	EE	0.00	9,330,851	17,551,517	1,385,162	28,267,530	
	PD	0.00	0	0	0	0	
	Total	249.70	13,197,959	25,539,923	3,536,458	42,274,340	

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
MO HEALTHNET ADMIN								
CORE								
PERSONAL SERVICES								
GENERAL REVENUE	3,066,907	56.57	3,608,738	64.90	3,867,108	67.90	0	0.00
DEPT OF SOC SERV FEDERAL & OTH	6,409,043	119.60	7,326,113	124.44	7,584,483	127.44	0	0.00
MEDICAID STABILIZATION	39,225	0.74	0	0.00	0	0.00	0	0.00
FMAP ENHANCEMENT - EXPANSION	0	0.00	403,923	8.75	403,923	8.75	0	0.00
PHARMACY REBATES	359,049	6.15	475,948	9.04	475,948	9.04	0	0.00
THIRD PARTY LIABILITY COLLECT	405,253	7.65	461,027	12.30	461,027	12.30	0	0.00
FEDERAL REIMBURSEMENT ALLOWANCE	76,225	1.43	115,180	2.01	115,180	2.01	0	0.00
PHARMACY REIMBURSEMENT ALLOWAN	16,795	0.31	30,088	0.50	30,088	0.50	0	0.00
NURSING FAC QUALITY OF CARE	65,969	1.24	98,061	2.45	98,061	2.45	0	0.00
HEALTH INITIATIVES	414,478	7.89	496,038	9.85	496,038	9.85	0	0.00
GROUND EMERGENCY MED TRANSPORT	40,633	0.81	50,452	1.00	50,452	1.00	0	0.00
MISSOURI RX PLAN FUND	0	0.00	403,625	7.96	403,625	7.96	0	0.00
AMBULANCE SERVICE REIMB ALLOW	11,710	0.21	20,877	0.50	20,877	0.50	0	0.00
TOTAL - PS	10,905,287	202.60	13,490,070	243.70	14,006,810	249.70	0	0.00
EXPENSE & EQUIPMENT								
GENERAL REVENUE	5,604,933	0.00	8,738,305	0.00	9,330,851	0.00	0	0.00
DEPT OF SOC SERV FEDERAL & OTH	9,009,012	0.00	15,672,883	0.00	16,265,429	0.00	0	0.00
MEDICAID STABILIZATION	17,027	0.00	0	0.00	0	0.00	0	0.00
FMAP ENHANCEMENT - EXPANSION	0	0.00	1,286,088	0.00	1,286,088	0.00	0	0.00
PHARMACY REBATES	0	0.00	55,553	0.00	55,553	0.00	0	0.00
THIRD PARTY LIABILITY COLLECT	146,363	0.00	488,041	0.00	488,041	0.00	0	0.00
FEDERAL REIMBURSEMENT ALLOWANCE	186,167	0.00	232,708	0.00	232,708	0.00	0	0.00
PHARMACY REIMBURSEMENT ALLOWAN	0	0.00	356	0.00	356	0.00	0	0.00
NURSING FAC QUALITY OF CARE	2,920	0.00	10,281	0.00	10,281	0.00	0	0.00
HEALTH INITIATIVES	0	0.00	41,385	0.00	41,385	0.00	0	0.00
GROUND EMERGENCY MED TRANSPORT	77,892	0.00	425,372	0.00	425,372	0.00	0	0.00
LIFE SCIENCES RESEARCH TRUST	1,800	0.00	3,000	0.00	3,000	0.00	0	0.00
AMBULANCE SERVICE REIMB ALLOW	187,500	0.00	128,466	0.00	128,466	0.00	0	0.00
TOTAL - EE	15,233,614	0.00	27,082,438	0.00	28,267,530	0.00	0	0.00

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DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
MO HEALTHNET ADMIN								
CORE								
PROGRAM-SPECIFIC								
GENERAL REVENUE	481,246	0.00	0	0.00	0	0.00	0	0.00
TOTAL - PD	481,246	0.00	0	0.00	0	0.00	0	0.00
TOTAL	26,620,147	202.60	40,572,508	243.70	42,274,340	249.70	0	0.00
MMIS FTE Re-Procurement - 1886020								
PERSONAL SERVICES								
GENERAL REVENUE	0	0.00	0	0.00	133,206	1.00	0	0.00
DEPT OF SOC SERV FEDERAL & OTH	0	0.00	0	0.00	142,636	3.00	0	0.00
TOTAL - PS	0	0.00	0	0.00	275,842	4.00	0	0.00
EXPENSE & EQUIPMENT								
GENERAL REVENUE	0	0.00	0	0.00	8,650	0.00	0	0.00
DEPT OF SOC SERV FEDERAL & OTH	0	0.00	0	0.00	8,650	0.00	0	0.00
TOTAL - EE	0	0.00	0	0.00	17,300	0.00	0	0.00
TOTAL	0	0.00	0	0.00	293,142	4.00	0	0.00
GRAND TOTAL	\$26,620,147	202.60	\$40,572,508	243.70	\$42,567,482	253.70	\$0	0.00

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FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90512C BUDGET UNIT NAME: MO HealthNet Administration HOUSE BILL SECTION: 11.600	DEPARTMENT: Social Services DIVISION: MO HealthNet
1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.	
Department Request	
.25% of flexibility is requested between sections 11.600 (MHD Admin), 11.620 (Information Systems), 11.700 (Pharmacy and Clawback), 11.715 (Physician Related Prof), 11.730 (Nursing Facilities and Home Health), 11.745 (Rehab Specialty Services and NEMT), 11.750 (GEMT), 11.760 (Managed Care), 11.762 (MC Specialty Plan), and 11.765 (Hospital Care).	
2. Estimate how much flexibility will be used for the budget year. How much flexibility was used in the Prior Year Budget and the Current Year Budget? Please specify the amount.	
PRIOR YEAR ACTUAL AMOUNT OF FLEXIBILITY USED	CURRENT YEAR ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED
\$0	DSS will flex up to .25% between sections.
BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED	
Up to .25% flexibility will be used.	
3. Please explain how flexibility was used in the prior and/or current years.	
PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE
N/A	Flex is to be used in the Administration and Information System sections that allows MHD to pay for contractual expenditures to allow MHD to continue oversight and operation of the Medicaid program.

DECISION ITEM DETAIL

Budget Unit	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
MO HEALTHNET ADMIN								
CORE								
DEPUTY STATE DEPT DIRECTOR	0	0.00	1,633	0.00	1,633	0.00	0	0.00
DESIGNATED PRINCIPAL ASST DEPT	23,585	0.21	23,271	0.15	23,271	0.15	0	0.00
DIVISION DIRECTOR	214,699	0.97	254,352	1.00	254,352	1.00	0	0.00
DEPUTY DIVISION DIRECTOR	110,959	0.97	113,041	1.00	113,041	1.00	0	0.00
DESIGNATED PRINCIPAL ASST DIV	325,177	3.22	326,933	3.00	326,933	3.00	0	0.00
PROJECT SPECIALIST	420	0.00	0	0.00	0	0.00	0	0.00
LEGAL COUNSEL	162,327	2.18	169,428	2.16	169,428	2.16	0	0.00
MISCELLANEOUS TECHNICAL	2,129	0.05	0	0.00	0	0.00	0	0.00
MISCELLANEOUS PROFESSIONAL	35,518	0.60	21,625	3.19	21,625	3.19	0	0.00
SPECIAL ASST OFFICIAL & ADMSTR	0	0.00	770	0.00	770	0.00	0	0.00
SPECIAL ASST PROFESSIONAL	1,902,122	23.36	2,087,133	23.40	2,378,497	25.40	0	0.00
SPECIAL ASST OFFICE & CLERICAL	138,486	2.99	145,427	1.27	145,427	1.27	0	0.00
ADMIN SUPPORT ASSISTANT	69,574	2.42	381,570	11.00	381,570	11.00	0	0.00
LEAD ADMIN SUPPORT ASSISTANT	397,088	12.38	484,698	13.00	484,698	13.00	0	0.00
ADMIN SUPPORT PROFESSIONAL	34,764	0.97	106,836	3.00	106,836	3.00	0	0.00
ADMINISTRATIVE MANAGER	74,976	0.98	0	0.00	0	0.00	0	0.00
BUSINESS PROJECT MANAGER	59,326	1.00	0	0.00	0	0.00	0	0.00
PROGRAM SPECIALIST	1,129,667	23.63	998,617	20.00	998,617	20.00	0	0.00
SENIOR PROGRAM SPECIALIST	311,503	5.91	0	0.00	0	0.00	0	0.00
PROGRAM COORDINATOR	626,398	9.70	2,468,514	36.00	2,693,890	40.00	0	0.00
PROGRAM MANAGER	491,602	6.33	0	0.00	0	0.00	0	0.00
RESEARCH/DATA ASSISTANT	0	0.00	40,876	1.00	40,876	1.00	0	0.00
RESEARCH/DATA ANALYST	292,194	5.72	649,602	12.00	649,602	12.00	0	0.00
PUBLIC RELATIONS SPECIALIST	668	0.01	52,739	1.00	52,739	1.00	0	0.00
PUBLIC RELATIONS COORDINATOR	380	0.00	0	0.00	0	0.00	0	0.00
REGISTERED NURSE	0	0.00	114,553	2.00	114,553	2.00	0	0.00
REGISTERED NURSE SPEC/SPV	353,527	5.86	455,351	7.00	455,351	7.00	0	0.00
PHYSICIAN	127,477	0.97	138,339	1.00	138,339	1.00	0	0.00
AGENCY BUDGET SENIOR ANALYST	159,075	2.47	156,920	3.00	156,920	3.00	0	0.00
ACCOUNTS ASSISTANT	74,289	2.40	94,162	3.00	94,162	3.00	0	0.00
SENIOR ACCOUNTS ASSISTANT	30,978	0.89	115,013	3.00	115,013	3.00	0	0.00
ACCOUNTANT	101,636	2.39	5	0.00	5	0.00	0	0.00

DECISION ITEM DETAIL

Budget Unit	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
MO HEALTHNET ADMIN								
CORE								
INTERMEDIATE ACCOUNTANT	0	0.00	48,910	1.03	48,910	1.03	0	0.00
SENIOR ACCOUNTANT	15,918	0.26	0	0.00	0	0.00	0	0.00
AUDITOR	90,549	1.92	377,362	8.00	377,362	8.00	0	0.00
LEAD AUDITOR	203,496	3.92	259,544	5.00	259,544	5.00	0	0.00
AUDITOR SUPERVISOR	223,423	3.86	0	0.00	0	0.00	0	0.00
AUDITOR MANAGER	149,951	1.96	0	0.00	0	0.00	0	0.00
PROCUREMENT SPECIALIST	14,817	0.31	15,548	0.25	15,548	0.25	0	0.00
PROCUREMENT SUPERVISOR	17,688	0.31	19,296	0.25	19,296	0.25	0	0.00
HUMAN RESOURCES ASSISTANT	19,707	0.62	0	0.00	0	0.00	0	0.00
HUMAN RESOURCES GENERALIST	57,765	1.24	43,874	1.00	43,874	1.00	0	0.00
HUMAN RESOURCES SPECIALIST	50,944	1.00	52,598	1.00	52,598	1.00	0	0.00
BENEFIT PROGRAM TECHNICIAN	1,332	0.03	0	0.00	0	0.00	0	0.00
BENEFIT PROGRAM SPECIALIST	1,088,688	29.79	998,638	25.50	998,638	25.50	0	0.00
BENEFIT PROGRAM SR SPECIALIST	1,383,271	32.62	1,925,321	44.50	1,925,321	44.50	0	0.00
BENEFIT PROGRAM SUPERVISOR	337,194	6.18	347,571	6.00	347,571	6.00	0	0.00
TOTAL - PS	10,905,287	202.60	13,490,070	243.70	14,006,810	249.70	0	0.00
TRAVEL, IN-STATE	5,880	0.00	25,116	0.00	39,116	0.00	0	0.00
TRAVEL, OUT-OF-STATE	9,003	0.00	41,045	0.00	45,045	0.00	0	0.00
FUEL & UTILITIES	0	0.00	9,775	0.00	9,775	0.00	0	0.00
SUPPLIES	486,671	0.00	693,974	0.00	697,142	0.00	0	0.00
PROFESSIONAL DEVELOPMENT	46,370	0.00	61,212	0.00	63,054	0.00	0	0.00
COMMUNICATION SERV & SUPP	89,300	0.00	124,737	0.00	125,715	0.00	0	0.00
PROFESSIONAL SERVICES	13,789,648	0.00	23,945,738	0.00	25,106,838	0.00	0	0.00
HOUSEKEEPING & JANITORIAL SERV	0	0.00	8,553	0.00	8,553	0.00	0	0.00
M&R SERVICES	3,078	0.00	4,415	0.00	4,415	0.00	0	0.00
COMPUTER EQUIPMENT	83,805	0.00	0	0.00	0	0.00	0	0.00
OFFICE EQUIPMENT	26,442	0.00	21,816	0.00	21,816	0.00	0	0.00
OTHER EQUIPMENT	55,105	0.00	15,102	0.00	15,102	0.00	0	0.00
PROPERTY & IMPROVEMENTS	0	0.00	16,009	0.00	16,009	0.00	0	0.00
BUILDING LEASE PAYMENTS	928	0.00	103,335	0.00	103,335	0.00	0	0.00
EQUIPMENT RENTALS & LEASES	356	0.00	63	0.00	65	0.00	0	0.00

DECISION ITEM DETAIL

Budget Unit	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
MO HEALTHNET ADMIN								
CORE								
MISCELLANEOUS EXPENSES	637,028	0.00	2,011,548	0.00	2,011,550	0.00	0	0.00
TOTAL - EE	15,233,614	0.00	27,082,438	0.00	28,267,530	0.00	0	0.00
PROGRAM DISTRIBUTIONS	481,246	0.00	0	0.00	0	0.00	0	0.00
TOTAL - PD	481,246	0.00	0	0.00	0	0.00	0	0.00
GRAND TOTAL	\$26,620,147	202.60	\$40,572,508	243.70	\$42,274,340	249.70	\$0	0.00
GENERAL REVENUE	\$9,153,086	56.57	\$12,347,043	64.90	\$13,197,959	67.90		0.00
FEDERAL FUNDS	\$15,474,307	120.34	\$24,689,007	133.19	\$25,539,923	136.19		0.00
OTHER FUNDS	\$1,992,754	25.69	\$3,536,458	45.61	\$3,536,458	45.61		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.600

Program Name: Administration

Program is found in the following core budget(s): MO HealthNet Administration

1a. What strategic priority does this program address?

Ensure access to coverage

1b. What does this program do?

To efficiently operate the \$17.0 billion MO HealthNet program (also known as Missouri Medicaid) across four state departments, the MO HealthNet Division effectively utilizes its appropriated staff. The MO HealthNet Division staff account for less than 0.46% of total state employees while the MO HealthNet program comprised 29% of the total SFY 2022 state operating budget of \$43.6 billion. The administrative portion of the budget (Personal Services and Expense and Equipment) comprised less than 1.39% of the division's total budget. The MO HealthNet Division staff assist participants as well as providers.

Program Goals

The MO HealthNet Division seeks to aid participants and providers in their efforts to access MO HealthNet programs by utilizing administrative staffing, expense and equipment, and contractor resources efficiently and effectively.

Program Objectives

- To purchase and monitor health care services for low income and vulnerable citizens of the State of Missouri;
- To assure quality health care through development of service delivery systems, standards setting and enforcement, and education of providers and participants;
- To be fiscally accountable for maximum and appropriate utilization of resources.

Additional Details

Administrative expenditures for the division consist of personal services and expense and equipment. These expenditures are driven by the operational demands of supporting the MO HealthNet program. The division operates both a fee-for-service program and a managed care program.

Approximately 94.06% of the division's expense and equipment expenditures are comprised of payments to contractors for professional services including, but not limited to, actuarial services; contracts with health care professionals to conduct utilization claim reviews to determine medical necessity of services; and services of an external quality reviewer as required by federal law. Approximately 5.94% of administrative expense and equipment expenditures support MO HealthNet staff for such routine operational expenses as supplies, postage, and office equipment.

PROGRAM DESCRIPTION

Department: Social Services

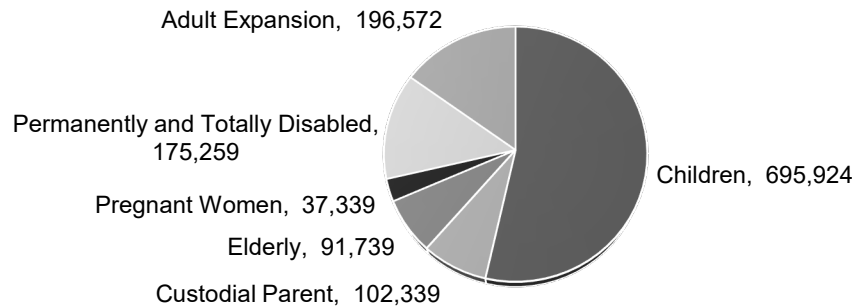
HB Section(s): 11.600

Program Name: Administration

Program is found in the following core budget(s): MO HealthNet Administration

2a. Provide an activity measure(s) for the program.

Number of Participants Served by Large Eligibility Group as of June, 2022



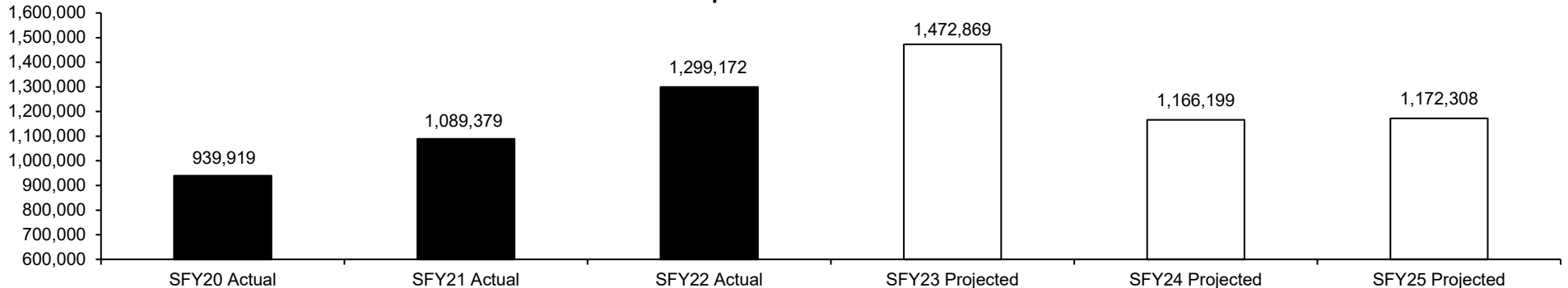
Note: Adult Expansion started effective July 2021. This population has been increasing each month as new members are being added.

2b. Provide a measure(s) of the program's quality.

Refer to program sections for quality measures.

2c. Provide a measure(s) of the program's impact.

Number of MO HealthNet Participants as of June 30 of each Fiscal Year



Note: The Managed Care population is projected to start decreasing in August, 2023 due to the current projection of the PHE ending in June, 2023.

PROGRAM DESCRIPTION

Department: Social Services

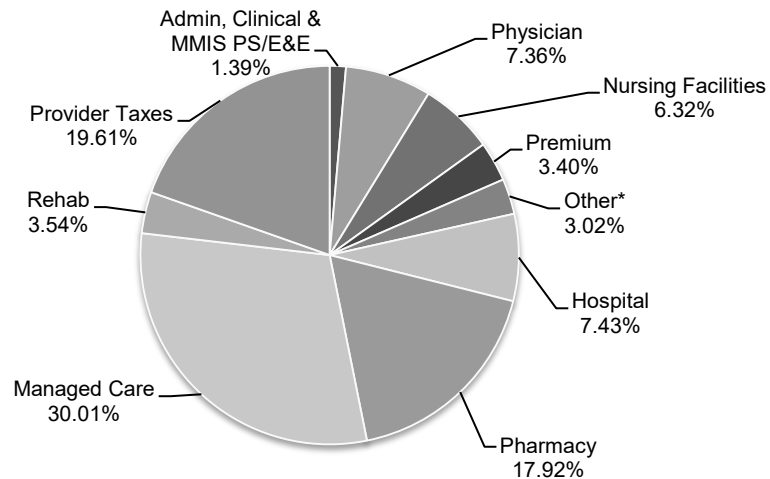
Program Name: Administration

Program is found in the following core budget(s): MO HealthNet Administration

HB Section(s): 11.600

2d. Provide a measure(s) of the program's efficiency.

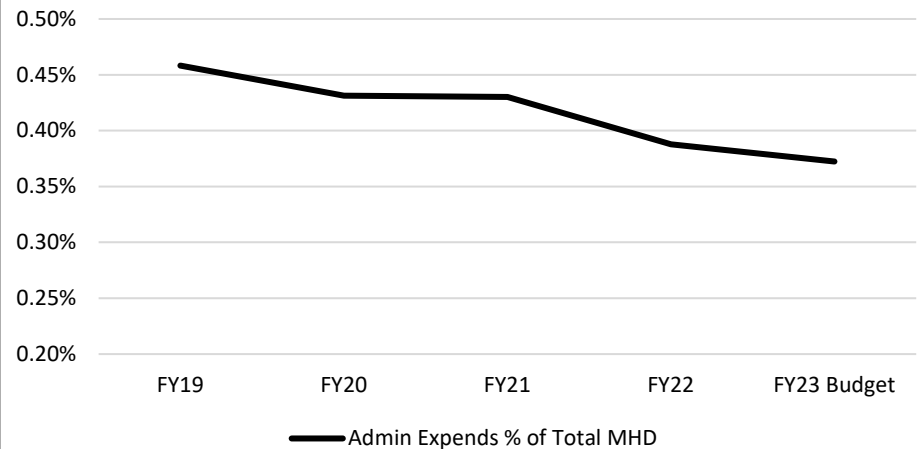
SFY22 MO HealthNet Division Expenditures



*Other includes:

HI-TECH grants, Trauma Treatment for Kids, Dental, Home Health, Long Term Support Upper Payment Limit, Non-Emergency Medical Transportation, Ground Emergency Medical IGT, Medicare Parity Payments, Health Homes, Health Care Home IGT, Children's Health Insurance Program, Show-Me Healthy Babies and School District Claiming.

Administrative Expenditures as a Percentage of Total MHD Budget



PROGRAM DESCRIPTION

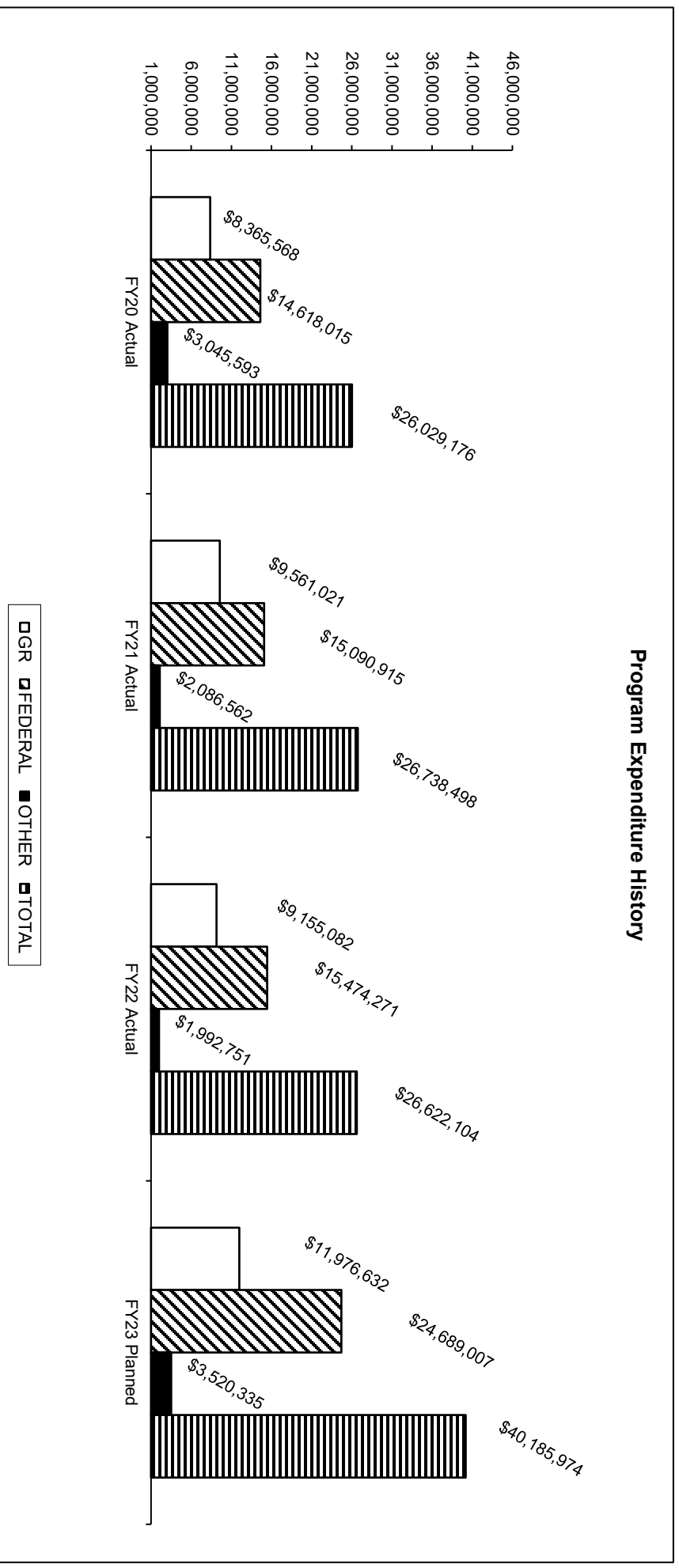
Department: Social Services

Program Name: Administration

Program is found in the following core budget(s): MO HealthNet Administration

HB Section(s): 11.600

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



In FY2022, AEG expenditures are included in total payments. Federal Fund 0809 was used to cover the state share of AEG expenditures. Planned FY2023 expenditures are net of reverted.

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.600

Program Name: Administration

Program is found in the following core budget(s): MO HealthNet Administration

4. What are the sources of the "Other " funds?

Pharmacy Reimbursement Allowance Fund (0144)
Health Initiatives Fund (HIF) (0275)
Nursing Facility Quality of Care Fund (NFQC) (0271)
Third Party Liability Collections Fund (TPL) (0120)
Federal Reimbursement Allowance Fund (FRA) (0142)
Ambulance Service Reimbursement Allowance Fund (0958)
Ground Emergency Medical Transportation Fund (GEMT) (0422)
Pharmacy Rebates Fund (0114)
Life Sciences Research Trust Fund (0763)
Missouri Rx Plan Fund (0779)

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: Section 208.201, RSMo. Federal law: Social Security Act Section 1902(a)(4). Federal Regulations: 42 CFR, Part 432.

6. Are there federal matching requirements? If yes, please explain.

Expenditures are allocated in accordance with the methodology outlined in the department's cost allocation plan and charged to corresponding grants or identified and claimed as maintenance of effort as appropriate. A majority of the grants have a federal matching requirement.

7. Is this a federally mandated program? If yes, please explain.

Yes. Section 1902 (a) (4) of the Social Security Act requires such methods of administration as necessary for the proper and efficient administration of the MO HealthNet State Plan.

NDI – MMIS FTE Re-Procurement

NEW DECISION ITEM

Department: Social Services
 Division: MO HealthNet
 DI Name: MMIS Re-Procurement FTE DI# 1886020

Budget Unit: 90512C
 HB Section: 11.600

1. AMOUNT OF REQUEST

FY 2024 Budget Request				
	GR	Federal	Other	Total
PS	137,921	137,921	0	275,842
EE	8,650	8,650	0	17,300
PSD	0	0	0	0
TRF	0	0	0	0
Total	146,571	146,571	0	293,142
FTE	2.00	2.00	0.00	4.00

Est. Fringe	81,486	81,486	0	162,971
Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.				

Other Funds: N/A
 Non-Counts: N/A

FY 2024 Governor's Recommendation				
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	0	0	0	0
Total	0	0	0	0
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.				

Other Funds:
 Non-Counts:

2. THIS REQUEST CAN BE CATEGORIZED AS:

<input type="checkbox"/> New Legislation	<input type="checkbox"/> New Program	<input type="checkbox"/> Fund Switch
<input type="checkbox"/> Federal Mandate	<input checked="" type="checkbox"/> Program Expansion	<input type="checkbox"/> Cost to Continue
<input type="checkbox"/> GR Pick-Up	<input type="checkbox"/> Space Request	<input type="checkbox"/> Equipment Replacement
<input type="checkbox"/> Pay Plan	<input type="checkbox"/> Other:	

NEW DECISION ITEM

Department: Social Services
Division: MO HealthNet
DI Name: MMIS Re-Procurement FTE **DI# 1886020**

Budget Unit: **90512C**
HB Section: **11.600**

3. WHY IS THIS FUNDING NEEDED? PROVIDE AN EXPLANATION FOR ITEMS CHECKED IN #2. INCLUDE THE FEDERAL OR STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS PROGRAM.

Additional staff are requested to begin work on the re-procurement of the MMIS core claims processing system and Pharmacy claims processing system. This re-procurement will take several years and subject matter experts will be required to assist in the process. It is estimated that the MO HealthNet Division (MHD) will need approximately four FTE for this re-procurement: one Pharmacist, one Benefit Program Senior Specialist (BPSS), and two Program Specialists.

The Pharmacist will serve as a liaison to the MMIS and Pharmacy systems replacement, and provide expert evaluation and feedback for the overall work scope. In addition, the Pharmacist will also ensure any new or existing physician administered drugs are processed and paid correctly. Physician administered drugs can have a cost as much as \$375,000 per dose up to \$2.8 million per dose.

The Benefit Program Senior Specialist (BPSS) would also be responsible for aiding in the creation of additional fiscal controls to reduce waste in the Pharmacy program. These controls would include tracking recoupments, gathering data for the Program Integrity Pharmacist (PIP) currently on staff, and implementing changes into the MMIS and Pharmacy systems. Since being employed by the MHD, the PIP has cost avoided over \$22.8 million per SFY with the enforcement of new and existing policies. This PIP has also created multiple one-time savings totaling approximately \$3.6 million by performing desk audits, recoupments, and other adjustments. The BPSS would work alongside the PIP to research for further savings, and the savings are expected to grow year over year.

The main responsibilities for the two Program Specialists are to serve as the subject matter experts and liaisons for the work related to the MMIS and Pharmacy systems replacement, including procurement, evaluation, and testing.

NEW DECISION ITEM

Department: Social Services
Division: MO HealthNet
DI Name: MMIS Re-Procurement FTE **DI# 1886020**

Budget Unit: 90512C
HB Section: 11.600

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFP fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

The additional staff requested to begin work on the MMIS re-procurement are one Pharmacist, one Benefit Program Senior Specialist, and two Program Specialists.

Program/Unit	Number of FTEs	Position Title	Salary	Expense & Equipment
Pharmacy	1.00	Pharmacist	133,206	4,325
Clinical Services Program/Policy	1.00	Program Specialist	49,702	4,325
Clinical Services Program/Policy	1.00	Program Specialist	49,702	4,325
Clinical Services Program/Policy	1.00	Benefit Program Senior Specialist	43,232	4,325
	<u>4.00</u>		<u>275,842</u>	<u>17,300</u>

	FMAP	Total	GR	Federal
Salary	50%	275,842	137,921	137,921
Expense and Equipment	50%	17,300	8,650	8,650
Total	50%	293,142	146,571	146,571

NEW DECISION ITEM

Department: Social Services
Division: MO HealthNet
DI Name: MMIS Re-Procurement FTE **DI# 1886020**

Budget Unit: 90512C
HB Section: 11.600

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.									
Budget Object Class/Job Class	Dept Req GR DOLLARS	Dept Req GR FTE	Dept Req FED DOLLARS	Dept Req FED FTE	Dept Req OTHER DOLLARS	Dept Req OTHER FTE	Dept Req TOTAL DOLLARS	Dept Req TOTAL FTE	Dept Req One-Time DOLLARS
05PD20 - Pharmacist	66,603	0.50	66,603	0.50	0	0.0	133,206	1.00	0
13BE30 - Benefit Program Specialist	49,702	1.00	49,702	1.00	0	0.0	99,404	2.00	0
13BE40 - Benefit Program SR Spec	21,616	0.50	21,616	0.50	0	0.0	43,232	1.00	0
Total PS	137,921	2.00	137,921	2.00	0	0.0	275,842	4.00	0
180 - Fuel & Utilities	943		943		0		1,886		0
190 - Supplies	1,993		1,993		0		3,986		0
320 - Professional Development	1,158		1,158		0		2,316		0
340 - Communication Serv & Supp	615		615		0		1,230		0
420 - Housekeep & Janitor Serv	2,038		2,038		0		4,076		0
580 - Office Equipment	1,903		1,903		0		3,806		0
Total EE	8,650		8,650		0		17,300		0
Grand Total	146,571	2.00	146,571	2.00	0	0.0	293,142	4.00	3,806

Budget Object Class/Job Class	Gov Rec GR DOLLARS	Gov Rec GR FTE	Gov Rec FED DOLLARS	Gov Rec FED FTE	Gov Rec OTHER DOLLARS	Gov Rec OTHER FTE	Gov Rec TOTAL DOLLARS	Gov Rec TOTAL FTE	Gov Rec One-Time DOLLARS
Total PS	0	0.0	0	0.0	0	0.0	0	0.0	0
Total EE	0		0		0		0		0
Grand Total	0	0.0	0	0.0	0	0.0	0	0.0	0

NEW DECISION ITEM

Department: Social Services
Division: MO HealthNet
DI Name: MMIS Re-Procurement FTE DI# 1886020

Budget Unit: 90512C
HB Section: 11.600

6. PERFORMANCE MEASURES (If new decision item has an associated core, separately identify projected performance with & without additional funding.)

6a. Provide an activity measure(s) for the program.

Please see the Information Systems core section for performance measures.

6b. Provide a measure(s) of the program's quality.

Please see the Information Systems core section for performance measures.

6c. Provide a measure(s) of the program's impact.

Please see the Information Systems core section for performance measures.

6d. Provide a measure(s) of the program's efficiency.

Please see the Information Systems core section for performance measures.

7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:

N/A

DECISION ITEM DETAIL

Budget Unit	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
MO HEALTHNET ADMIN								
MMIS FTE Re-Procurement - 1886020								
PHYSICIAN	0	0.00	0	0.00	133,206	1.00	0	0.00
BENEFIT PROGRAM SPECIALIST	0	0.00	0	0.00	99,404	2.00	0	0.00
BENEFIT PROGRAM SR SPECIALIST	0	0.00	0	0.00	43,232	1.00	0	0.00
TOTAL - PS	0	0.00	0	0.00	275,842	4.00	0	0.00
FUEL & UTILITIES	0	0.00	0	0.00	1,886	0.00	0	0.00
SUPPLIES	0	0.00	0	0.00	3,986	0.00	0	0.00
PROFESSIONAL DEVELOPMENT	0	0.00	0	0.00	2,316	0.00	0	0.00
COMMUNICATION SERV & SUPP	0	0.00	0	0.00	1,230	0.00	0	0.00
HOUSEKEEPING & JANITORIAL SERV	0	0.00	0	0.00	4,076	0.00	0	0.00
OFFICE EQUIPMENT	0	0.00	0	0.00	3,806	0.00	0	0.00
TOTAL - EE	0	0.00	0	0.00	17,300	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$293,142	4.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$141,856	1.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$151,286	3.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

Core - Clinical Services Program Management

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Clinical Services Program Management

Budget Unit: 90516C
HB Section: 11.605

1. CORE FINANCIAL SUMMARY

FY 2024 Budget Request					FY 2024 Governor's Recommendation				
	GR	Federal	Other	Total		GR	Federal	Other	Total
PS	0	0	0	0	PS	0	0	0	0
EE	461,917	12,214,032	1,485,506	14,161,455	EE	0	0	0	0
PSD	0	0	0	0	PSD	0	0	0	0
TRF	0	0	0	0	TRF	0	0	0	0
Total	461,917	12,214,032	1,485,506	14,161,455	Total	0	0	0	0
FTE	0.00	0.00	0.00	0.00	FTE	0.00	0.00	0.00	0.00
Est. Fringe	0	0	0	0	Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>					<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds: Third Party Liability Collections (TPL) Fund (0120) - \$924,911
 MO Rx Plan Fund (0779) - \$62,947
 Pharmacy Rebates Fund (0114) - \$497,648

Other Funds:

2. CORE DESCRIPTION

This item funds contractor costs that support the pharmacy and clinical services programs. Funding is used for cost containment initiatives and clinical policy decision-making to enhance efforts to provide appropriate and quality medical care to participants. The MO HealthNet Division (MHD) seeks to aid participants and providers in their efforts to access the MO HealthNet program by utilizing contractor resources effectively.

3. PROGRAM LISTING (list programs included in this core funding)

Clinical Services Program Management
 Missouri Rx Program

CORE DECISION ITEM

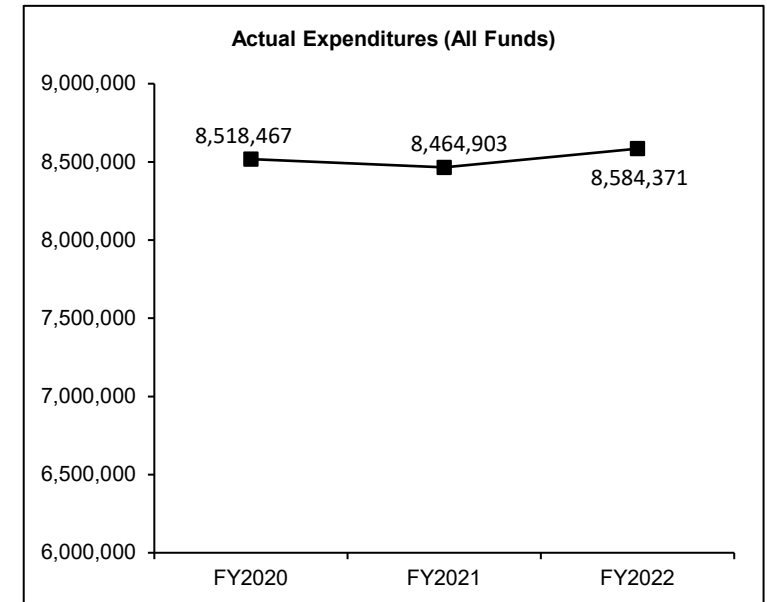
Department: Social Services
Division: MO HealthNet
Core: Clinical Services Program Management

Budget Unit: 90516C

HB Section: 11.605

4. FINANCIAL HISTORY

	FY2020 Actual	FY2021 Actual	FY2022 Actual	FY2023 Current Yr.
Appropriation (All Funds)	15,161,455	15,161,455	14,161,455	14,161,455
Less Reverted (All Funds)	(13,858)	(13,858)	(13,858)	(13,858)
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	15,147,597	15,147,597	14,147,597	14,147,597
Actual Expenditures (All Funds)	8,518,467	8,464,903	8,584,371	N/A
Unexpended (All Funds)	6,629,130	6,682,694	5,563,226	N/A
Unexpended, by Fund:				
General Revenue	0	0	3,952	N/A
Federal	5,088,057	4,939,159	4,790,346	N/A
Other	1,541,073	1,680,588	768,928	N/A
		(1)		



*Current Year restricted amount is as of 9/01/2022.

Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

(1) FY21 - \$62,947 was held in agency reserve of MORx Fund (0779).

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
CLINICAL SRVC MGMT**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
<hr/>							
TAFP AFTER VETOES	EE	0.00	461,917	12,214,032	1,485,506	14,161,455	
	Total	0.00	461,917	12,214,032	1,485,506	14,161,455	
<hr/>							
DEPARTMENT CORE REQUEST	EE	0.00	461,917	12,214,032	1,485,506	14,161,455	
	Total	0.00	461,917	12,214,032	1,485,506	14,161,455	
<hr/>							
GOVERNOR'S RECOMMENDED CORE	EE	0.00	461,917	12,214,032	1,485,506	14,161,455	
	Total	0.00	461,917	12,214,032	1,485,506	14,161,455	
<hr/>							

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
CLINICAL SRVC MGMT								
CORE								
EXPENSE & EQUIPMENT								
GENERAL REVENUE	444,107	0.00	461,917	0.00	461,917	0.00	0	0.00
DEPT OF SOC SERV FEDERAL & OTH	7,423,686	0.00	12,214,032	0.00	12,214,032	0.00	0	0.00
PHARMACY REBATES	0	0.00	497,648	0.00	497,648	0.00	0	0.00
THIRD PARTY LIABILITY COLLECT	716,578	0.00	924,911	0.00	924,911	0.00	0	0.00
MISSOURI RX PLAN FUND	0	0.00	62,947	0.00	62,947	0.00	0	0.00
TOTAL - EE	8,584,371	0.00	14,161,455	0.00	14,161,455	0.00	0	0.00
TOTAL	8,584,371	0.00	14,161,455	0.00	14,161,455	0.00	0	0.00
GRAND TOTAL	\$8,584,371	0.00	\$14,161,455	0.00	\$14,161,455	0.00	\$0	0.00

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DECISION ITEM DETAIL

Budget Unit	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
CLINICAL SRVC MGMT								
CORE								
TRAVEL, IN-STATE	314	0.00	2	0.00	2	0.00	0	0.00
TRAVEL, OUT-OF-STATE	706	0.00	2	0.00	2	0.00	0	0.00
SUPPLIES	11	0.00	2	0.00	2	0.00	0	0.00
PROFESSIONAL DEVELOPMENT	52	0.00	2	0.00	2	0.00	0	0.00
COMMUNICATION SERV & SUPP	21	0.00	0	0.00	0	0.00	0	0.00
PROFESSIONAL SERVICES	8,583,236	0.00	14,161,443	0.00	14,161,443	0.00	0	0.00
M&R SERVICES	0	0.00	2	0.00	2	0.00	0	0.00
BUILDING LEASE PAYMENTS	31	0.00	0	0.00	0	0.00	0	0.00
MISCELLANEOUS EXPENSES	0	0.00	2	0.00	2	0.00	0	0.00
TOTAL - EE	8,584,371	0.00	14,161,455	0.00	14,161,455	0.00	0	0.00
GRAND TOTAL	\$8,584,371	0.00	\$14,161,455	0.00	\$14,161,455	0.00	\$0	0.00
GENERAL REVENUE	\$444,107	0.00	\$461,917	0.00	\$461,917	0.00		0.00
FEDERAL FUNDS	\$7,423,686	0.00	\$12,214,032	0.00	\$12,214,032	0.00		0.00
OTHER FUNDS	\$716,578	0.00	\$1,485,506	0.00	\$1,485,506	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.605

Program Name: Clinical Services Program Management

Program is found in the following core budget(s): Clinical Services Program Management

1a. What strategic priority does this program address?

Health and continuum of care

1b. What does this program do?

Funding for Clinical Services Program Management (CSPM) supports contractor costs for pharmacy and clinical services. Conduent operates and manages the web-based clinical editing process for the point-of-sale pharmacy and medical claims, medical and drug prior authorization, pre-certification, and Drug Utilization Review (DUR). The current CSPM claim processing system allows each claim to be referenced against the participant's claims history including pharmacy, medical, and procedural data (ICD-9/10 and CPT codes), providing real-time data to participating MHD providers. For patients that meet approval criteria, the claim will be paid automatically. In instances when a phone call is necessary, the hotline call center is available seven days a week, which allows providers prompt access to a paid claim for the requested product or service. In addition to receiving messages regarding the outcome of the processing of claims and the amount to be reimbursed, pharmacy providers receive prospective drug use review alert messages at the time prescriptions are dispensed.

*CyberAccess*SM is a web-based tool that allows healthcare providers to electronically request drug and medical prior authorizations for their MO HealthNet patients, review historical claims data, view and/or enter clinical data in a patient's Electronic Health Record (EHR), select appropriate preferred medications and electronically prescribe, and electronically request inpatient certifications. The continued funding for *CyberAccess*SM is critical to continue supporting the pharmacy and medical cost containment initiatives and electronic health records. Early Periodic Screening, Diagnosis, and Treatment (EPSDT) forms and patient-specific lab results are currently available through the platform. Linkages to other health record systems yielding interoperability between systems are under development (Health Information Network {HIN}). A companion participant web portal tool, Direct Inform, has been developed and deployed to pilot providers.

Pharmacy

Through the Pharmacy Program, the division is able to maintain current cost containment initiatives and implement new cost containment initiatives.

Major initiatives include:

- Maintenance and Updates to Fiscal and Clinical Edits
- Quarterly Updates to the Missouri Maximum Allowable Cost (MACs)
- Prospective and Retrospective Drug Use for Drug Utilization Review (DUR)
- Routine/Ad hoc Drug Information Research
- Enrollment and Administration of Case Management
- Preferred Drug List (PDL) and Supplemental Rebates
- *See the Pharmacy tab for more details on these initiatives*

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.605

Program Name: Clinical Services Program Management

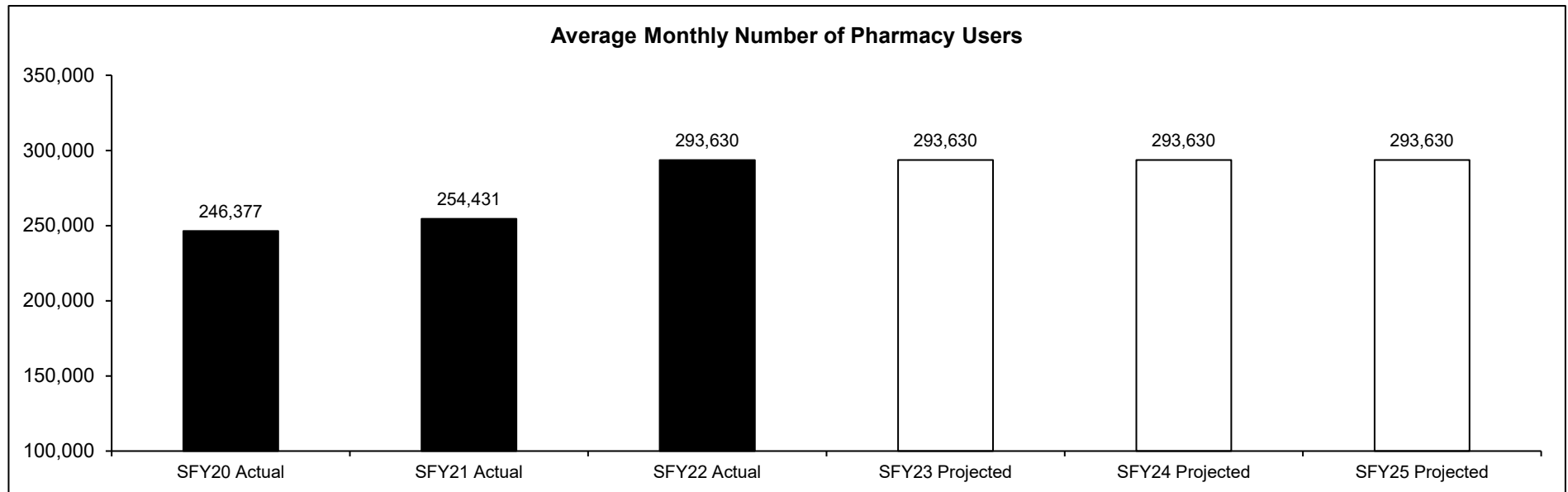
Program is found in the following core budget(s): Clinical Services Program Management

Clinical

Major Clinical Services initiatives include:

- Smart Prior Authorization (PA) for Durable Medical Equipment (DME), Optical, Psychology, Medical Services, and Chronic Pain Management
- Home and Community Based Services (HCBS) prior authorizations
- Psychology and Bone Marrow Consultants
- Optical Program
- Medical Evidence-Based Guidelines - Oregon HealthCare Contract

2a. Provide an activity measure for the program.



PROGRAM DESCRIPTION

Department: Social Services

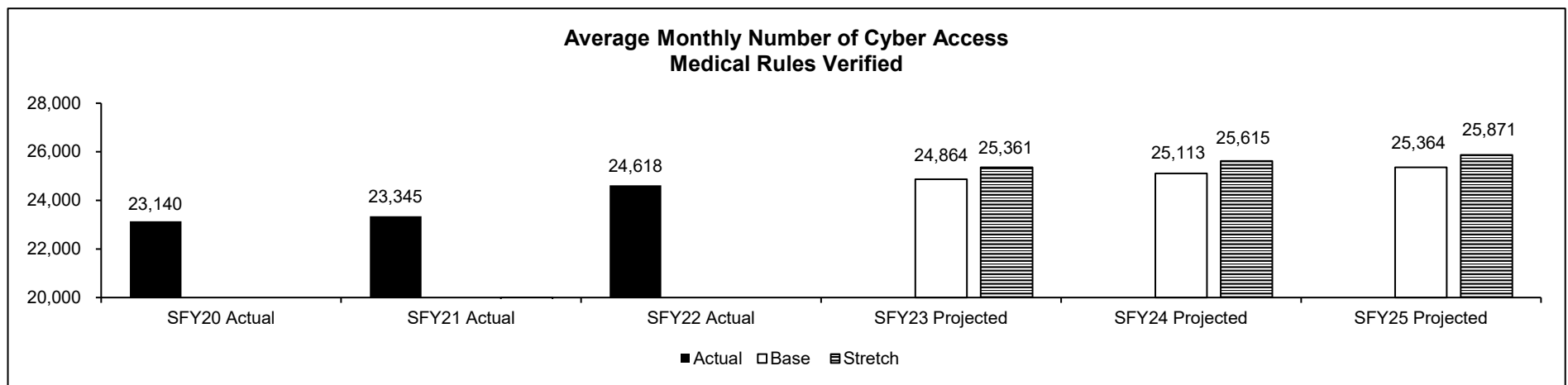
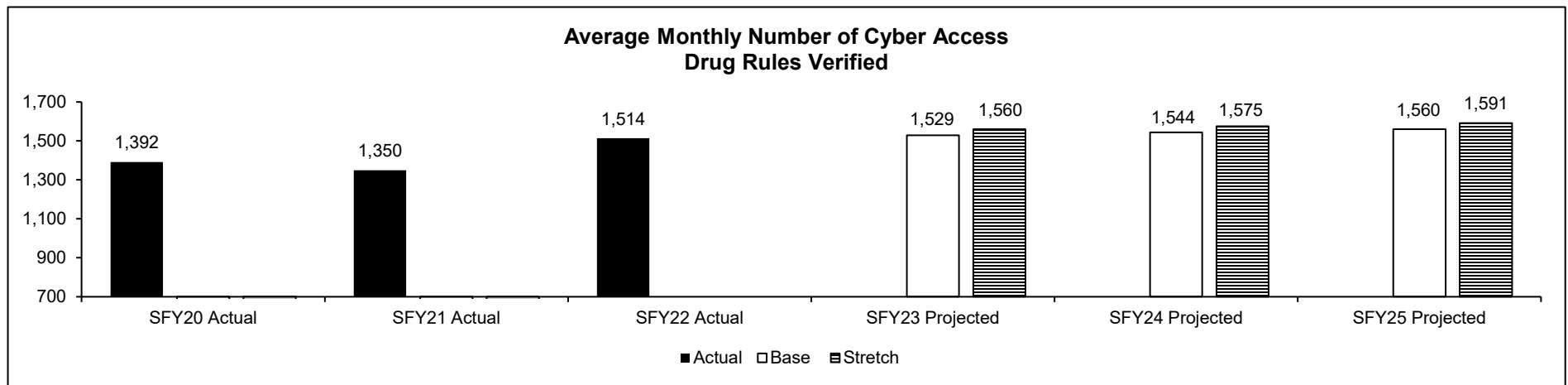
HB Section(s): 11.605

Program Name: Clinical Services Program Management

Program is found in the following core budget(s): Clinical Services Program Management

2b. Provide a measure of the program's quality.

CyberAccess Provider Outreach Representatives continue to do provider outreach, expressing the importance of utilizing Cyber Access when verifying drug and medical rules.



Note: SFY22 numbers are higher due to the Public Health Emergency.

PROGRAM DESCRIPTION

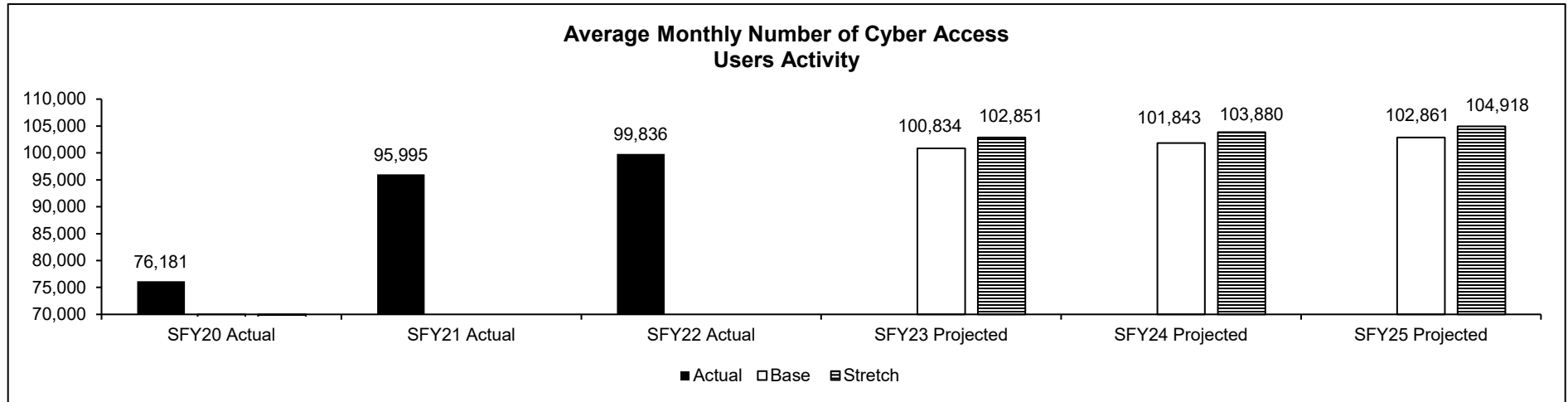
Department: Social Services

HB Section(s): 11.605

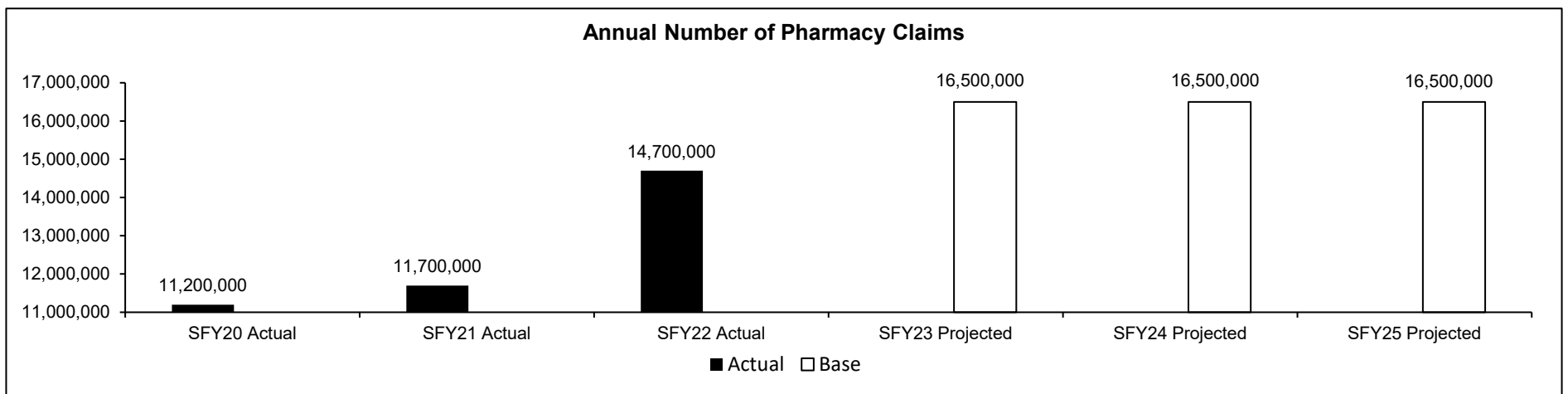
Program Name: Clinical Services Program Management

Program is found in the following core budget(s): Clinical Services Program Management

2c. Provide a measure of the program's impact.



2d. Provide a measure of the program's efficiency.



Note: SFY22 numbers are higher due to the Public Health Emergency.

PROGRAM DESCRIPTION

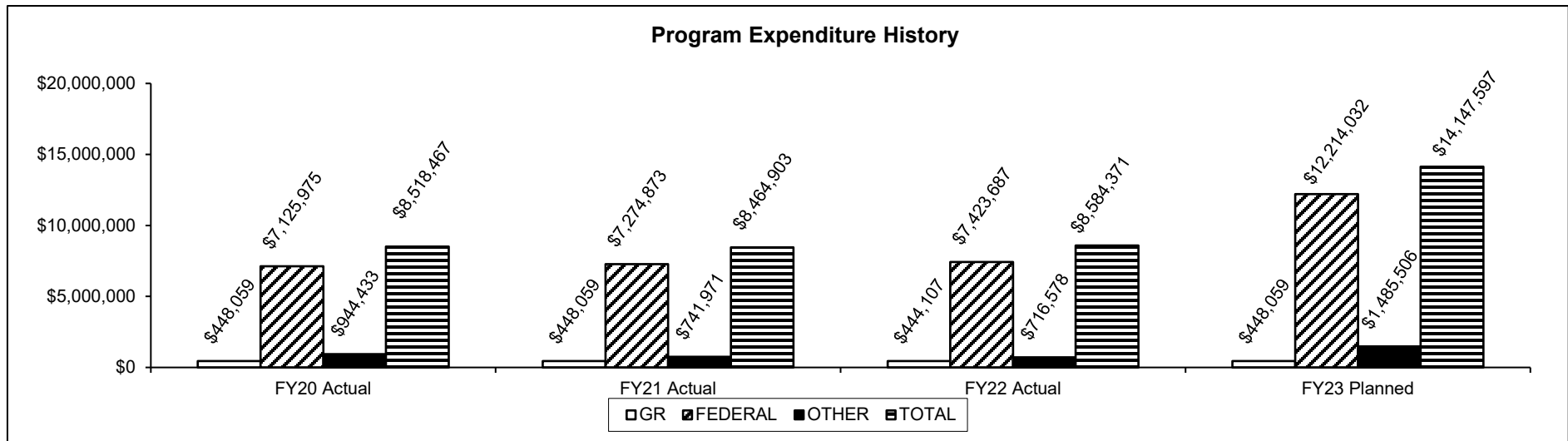
Department: Social Services

HB Section(s): 11.605

Program Name: Clinical Services Program Management

Program is found in the following core budget(s): Clinical Services Program Management

3. Provide actual expenditures for the prior three fiscal years; planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



Planned FY2023 expenditures are net of reverted.

4. What are the sources of the "Other " funds?

Pharmacy Rebate Fund (0114), Third Party Liability Fund (0120), and Missouri Rx Plan Fund (0779)

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: Section 208.201, RSMo. Federal law: Social Security Act Section 1902(a)(4). Federal Regulations: 42 CFR, Part 432.

6. Are there federal matching requirements? If yes, please explain.

Generally, MO HealthNet administrative expenditures have a 50% match. The Clinical Management Services for Pharmacy and Prior Authorization expenditures have a 75% match.

7. Is this a federally mandated program? If yes, please explain.

Yes. Section 1902 (a) (4) of the Social Security Act requires such methods of administration as necessary for the proper and efficient administration of the Medicaid State Plan.

Core - MO HealthNet Transformation

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: MHD Transformation

Budget Unit: 90519C
HB Section: 11.610

1. CORE FINANCIAL SUMMARY

FY 2024 Budget Request				
	GR	Federal	Other	Total
PS	0	0	0	0
EE	2,537,912	6,786,772	0	9,324,684
PSD	0	0	0	0
TRF	0	0	0	0
Total	2,537,912	6,786,772	0	9,324,684
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds: N/A

FY 2024 Governor's Recommendation				
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	0	0	0	0
Total	0	0	0	0
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds:

2. CORE DESCRIPTION

The MHD Transformation program is a combination of initiatives the MO HealthNet Division (MHD) is in the process of implementing, with the goal of transforming Medicaid. Missouri's Medicaid program is an important safety net for Missouri's most vulnerable populations, providing health care and support for nearly one million Missourians. Analysis of historical trends indicates that the financial sustainability of Missouri's Medicaid program is currently under pressure. Significant changes in the structure and performance of Missouri's Medicaid program would be necessary to bring Medicaid spending growth in line with projected economic growth for the state. The initiatives are wide-ranging, including operational improvements to bring the program up to date with common practices among other state Medicaid programs, as well as best practices and more transformational changes.

3. PROGRAM LISTING (list programs included in this core funding)

MHD Transformation

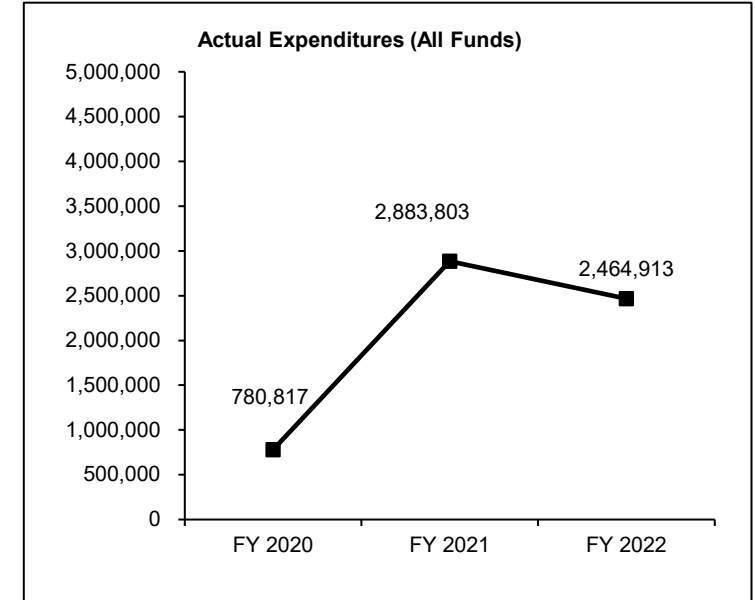
CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: MHD Transformation

Budget Unit: 90519C
HB Section: 11.610

4. FINANCIAL HISTORY

	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Current Yr.
Appropriation (All Funds)	33,888,200	33,989,776	33,994,576	34,026,516
Less Reverted (All Funds)	(191,267)	(191,113)	(191,186)	(191,665)
Less Restricted (All Funds)	(4,772,837)	0	0	0
Budget Authority (All Funds)	28,924,096	33,798,663	33,803,390	33,834,851
Actual Expenditures (All Funds)	780,817	2,883,803	2,464,913	N/A
Unexpended (All Funds)	28,143,279	30,914,860	31,338,477	N/A
Unexpended, by Fund:				
General Revenue	833,215	4,740,895	4,948,304	N/A
Federal	27,310,064	26,173,965	26,390,173	N/A
Other	0	0	0	N/A
	(1)		(2)	



*Current Year restricted amount is as of 9/01/2022.

Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

(1) FY20 - \$111,800 GR was held in agency reserve. \$4,772,837 GR was placed in restriction in FY20.

(1) FY22 - Pay Plans funded (\$31,940).

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
MHD TRANSFORMATION**

5. CORE RECONCILIATION DETAIL

				Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES										
				PS	6.00	258,370	258,370	0	516,740	
				EE	0.00	6,130,458	27,379,318	0	33,509,776	
				Total	6.00	6,388,828	27,637,688	0	34,026,516	
DEPARTMENT CORE ADJUSTMENTS										
Core Reduction	672	5506	EE	0.00	(3,000,000)		0	0	(3,000,000)	Reduction of excess authority.
Core Reduction	672	5510	EE	0.00	0	(20,000,000)		0	(20,000,000)	Reduction of excess authority.
Core Reallocation	671	5503	PS	(3.00)	(258,370)		0	0	(258,370)	Reallocation to Admin section due to on-going costs.
Core Reallocation	671	5507	PS	(3.00)	0	(258,370)		0	(258,370)	Reallocation to Admin section due to on-going costs.
Core Reallocation	671	5510	EE	0.00	0	(592,546)		0	(592,546)	Reallocation to Admin section due to on-going costs.
Core Reallocation	671	5506	EE	0.00	(592,546)		0	0	(592,546)	Reallocation to Admin section due to on-going costs.
NET DEPARTMENT CHANGES					(6.00)	(3,850,916)	(20,850,916)	0	(24,701,832)	
DEPARTMENT CORE REQUEST										
				PS	0.00	0	0	0	0	
				EE	0.00	2,537,912	6,786,772	0	9,324,684	
				Total	0.00	2,537,912	6,786,772	0	9,324,684	
GOVERNOR'S RECOMMENDED CORE										
				PS	0.00	0	0	0	0	
				EE	0.00	2,537,912	6,786,772	0	9,324,684	
				Total	0.00	2,537,912	6,786,772	0	9,324,684	

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
MHD TRANSFORMATION								
CORE								
PERSONAL SERVICES								
GENERAL REVENUE	198,439	1.92	258,370	3.00	0	0.00	0	0.00
DEPT OF SOC SERV FEDERAL & OTH	196,616	1.89	258,370	3.00	0	0.00	0	0.00
TOTAL - PS	395,055	3.81	516,740	6.00	0	0.00	0	0.00
EXPENSE & EQUIPMENT								
GENERAL REVENUE	1,034,929	0.00	6,130,458	0.00	2,537,912	0.00	0	0.00
DEPT OF SOC SERV FEDERAL & OTH	1,034,929	0.00	27,379,318	0.00	6,786,772	0.00	0	0.00
TOTAL - EE	2,069,858	0.00	33,509,776	0.00	9,324,684	0.00	0	0.00
TOTAL	2,464,913	3.81	34,026,516	6.00	9,324,684	0.00	0	0.00
GRAND TOTAL	\$2,464,913	3.81	\$34,026,516	6.00	\$9,324,684	0.00	\$0	0.00

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DECISION ITEM DETAIL

Budget Unit	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
MHD TRANSFORMATION								
CORE								
SPECIAL ASST PROFESSIONAL	383,822	3.64	291,364	2.00	0	0.00	0	0.00
PROGRAM COORDINATOR	11,233	0.17	225,376	4.00	0	0.00	0	0.00
TOTAL - PS	395,055	3.81	516,740	6.00	0	0.00	0	0.00
TRAVEL, IN-STATE	0	0.00	14,000	0.00	0	0.00	0	0.00
TRAVEL, OUT-OF-STATE	0	0.00	4,000	0.00	0	0.00	0	0.00
SUPPLIES	0	0.00	3,168	0.00	0	0.00	0	0.00
PROFESSIONAL DEVELOPMENT	0	0.00	1,842	0.00	0	0.00	0	0.00
COMMUNICATION SERV & SUPP	0	0.00	978	0.00	0	0.00	0	0.00
PROFESSIONAL SERVICES	2,069,052	0.00	33,485,784	0.00	9,324,684	0.00	0	0.00
M&R SERVICES	806	0.00	0	0.00	0	0.00	0	0.00
EQUIPMENT RENTALS & LEASES	0	0.00	2	0.00	0	0.00	0	0.00
MISCELLANEOUS EXPENSES	0	0.00	2	0.00	0	0.00	0	0.00
TOTAL - EE	2,069,858	0.00	33,509,776	0.00	9,324,684	0.00	0	0.00
GRAND TOTAL	\$2,464,913	3.81	\$34,026,516	6.00	\$9,324,684	0.00	\$0	0.00
GENERAL REVENUE	\$1,233,368	1.92	\$6,388,828	3.00	\$2,537,912	0.00		0.00
FEDERAL FUNDS	\$1,231,545	1.89	\$27,637,688	3.00	\$6,786,772	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.610

Program Name: MHD Transformation

Program is found in the following core budget(s): MHD Transformation

1a. What strategic priority does this program address?

Transform Medicaid to ensure healthy, safe, and productive lives.

1b. What does this program do?

The MO HealthNet Division (MHD) Transformation program is a combination of initiatives with the goal of transforming Missouri Medicaid. Missouri's Medicaid program is an important safety net for Missouri's most vulnerable populations, providing health care and support for many Missourians. Missouri Medicaid's delivery system, payment methodologies, and information systems are outdated in many respects compared to other states. Significant changes in the structure and performance of Missouri's Medicaid program will be necessary to bring Medicaid spending growth in line with projected economic growth for the state.

The initiatives are wide-ranging, and include operational improvements to bring the program up to date with common practices among other state Medicaid programs, as well as best practices and more transformational changes. The Transformation Office was an integral part in handling the public health emergency effort related to the COVID-19 pandemic. This office developed data analytics which were utilized to make policy decisions to ensure disruption to Missouri's Medicaid program remained at a minimal level.

Transformation goals:

- Bring Medicaid spending growth in line with the rate of growth for Missouri
- Ensure access to healthcare services to meet the needs of the most vulnerable populations
- Improve participant experience, healthcare outcomes, and increase independence
- Partner with providers to modernize care delivery systems
- Become a leader in the implementation of value based care in Medicaid

Initiatives completed in SFY2022:

- Rebase of hospital and nursing facility rates, which introduced acuity payments and value based quality incentives
- Implementation of significant provider rate increases
- Pharmacy program integrity measures to minimize fraud and abuse in prescribing practices
- Launch of an Enterprise Data Warehouse to improve data analytics capacity
- Development of an Electronic Visit Verification program to enhance the verification of personal care and personal assistance visits.

Initiatives that are "in-flight" include:

- Missouri Benefits Enrollment Transformation project to redesign the benefits application and written communications to help ensure access to all eligible citizens and improving the participant experience
- Planning phase of reimbursement methodologies based on Diagnosis Related Groups and Value-Based Payments to improve health outcomes
- Planning phase of a Rural Hospital Health Hub to reduce ER visits while supporting rural hospital involvement in improving social determinants of health
- Expanding Electronic Visit Verification to include home health
- Development of a Managed Care Tracking tool to monitor the performance of contracted managed care companies increasing accountability to contractual obligations

PROGRAM DESCRIPTION

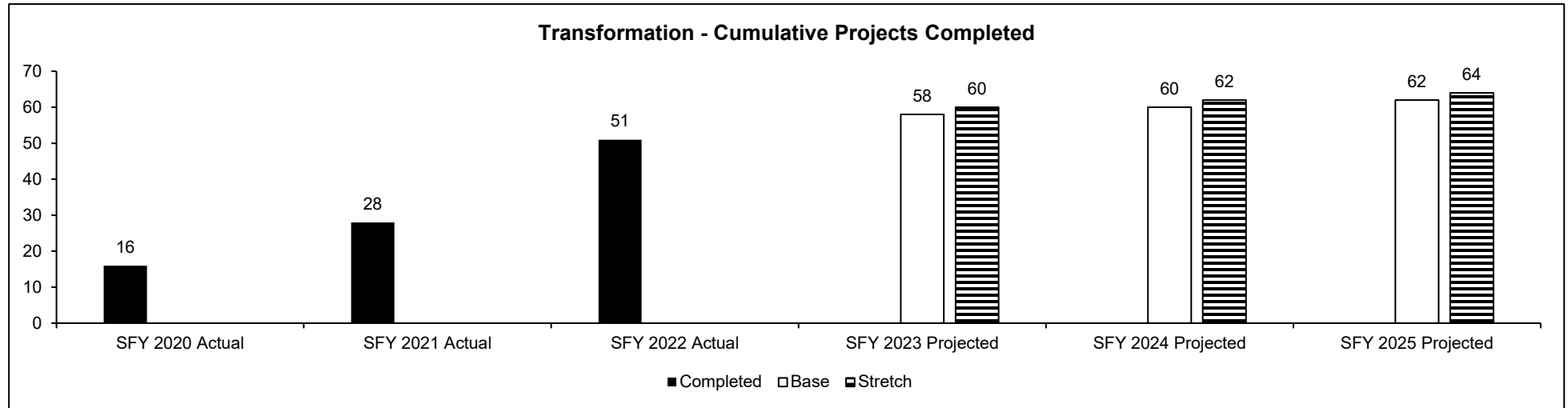
Department: Social Services

HB Section(s): 11.610

Program Name: MHD Transformation

Program is found in the following core budget(s): MHD Transformation

2a. Provide an activity measure(s) for the program.



NOTE 1: The Transformation Office continues to identify opportunities for improvement within Missouri's Medicaid Program and initiates formalized projects to implement cost and efficiency savings to curb the rising cost of the program and improve health care outcomes for participants and enhance participant experience.

NOTE 2: In SFY 2022, the Transformation Office, along with agency staff, launched a rebased hospital payment methodology which focuses on acuity, stop-loss, private psychiatric facilities, and a refocused graduated medical education payments. Prior to this implementation, hospital per diem rates for most hospitals were based on 1995 cost reports trended through 2001. Most hospitals had not received a per diem increase since SFY 2001. Part of this rebase introduced a case mix index to ensure facilities treating the most severe patients were paid appropriately. This is the first step in transitioning hospital payments towards diagnosis related groups (DRGs) which will be the focus for SFY 2023-2024. This rebase effort was completed while remaining budget neutral.

NOTE 3: Another monumental achievement in SFY 2022 was the rebase of nursing facility rates. Nursing facilities have not seen a rate increase since 2005, which was only a partial rebase. Prior to this rebase, facility rates were based on the cost report from the year the facility entered into the Medicaid system and there was no mechanism to account for the complexity and varying degrees of acuity care that occurred. Under the new model, adjustments were made for acuity, wages, and allows for the flexibility for future rebasing and adjustments to quality measures. Facilities will be able to obtain additional payments in addition to the rebased amount based on how they score on their quality measurements. This project was achieved through collaboration with Missouri's nursing facilities to ensure the efforts were fair, rational, and transparent.

NOTE 4: Every effort is made to strategically plan and implement Transformation projects in a way to minimize disruption of everyday operations or overload the limited MHD workforce. The Transformation Office eliminates as much of this burden as possible by conducting all pre-project preparations to maximize the time of MHD resources.

PROGRAM DESCRIPTION

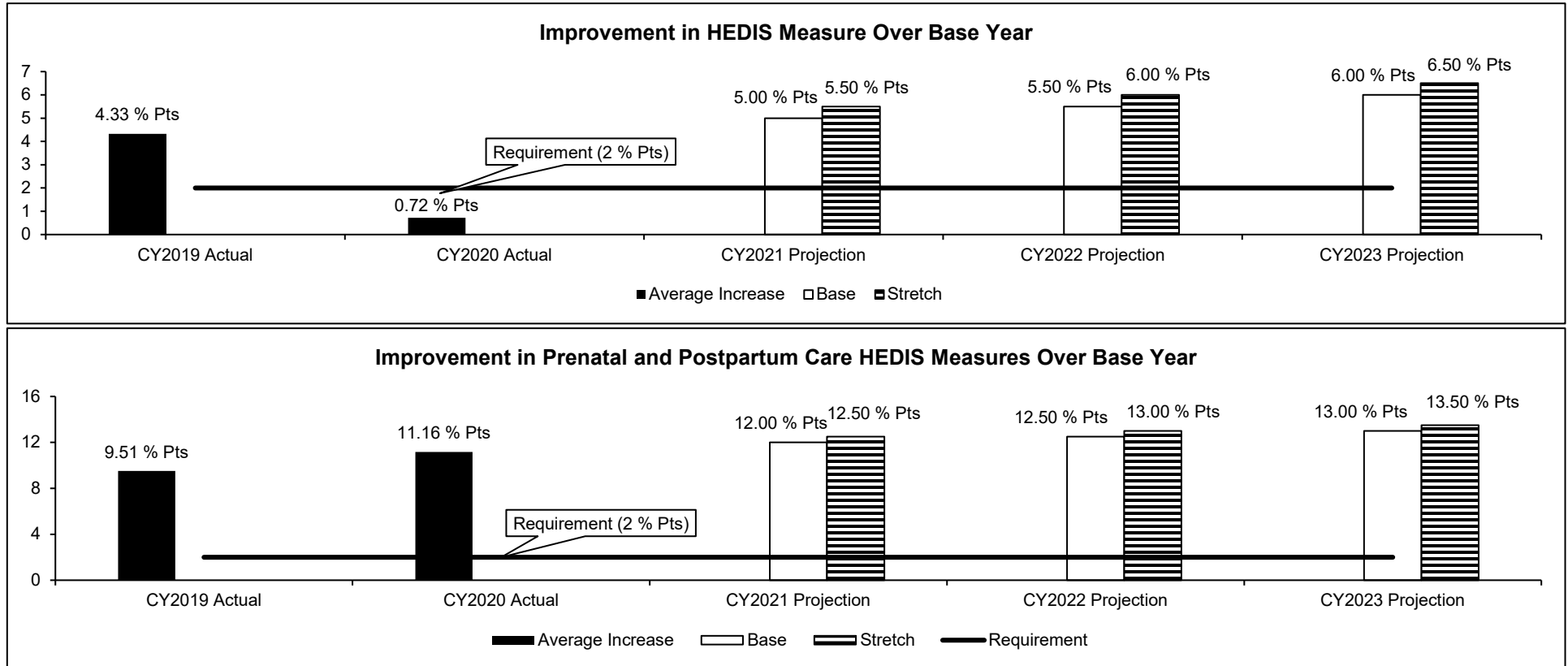
Department: Social Services

HB Section(s): 11.610

Program Name: MHD Transformation

Program is found in the following core budget(s): MHD Transformation

2b. Provide a measure(s) of the program's quality.



MO HealthNet transformed the Managed Care Performance Withhold Program which has resulted in significant growth in multiple Healthcare Effectiveness Data and Information Set (HEDIS) measures. Health Plans were tasked with improving each measure by two percentage points over their baseline. The average increase across all health plans in year two (CY2020) was 0.72 due to COVID-19 routine dental visits declined nationwide. However, prenatal and postpartum visits saw significant improvement of 11.16%. MHD anticipates a rebound from the COVID-19 impact and continued growth in CY2021 and CY2022 as a result of this transformation effort. The metrics selected in this program target areas that are driving Medicaid costs up in Missouri. Year-over-year improvements in these quality areas are projected to decrease these costs.

NOTE: CY2021 data will be finalized in Fall of 2022.

PROGRAM DESCRIPTION

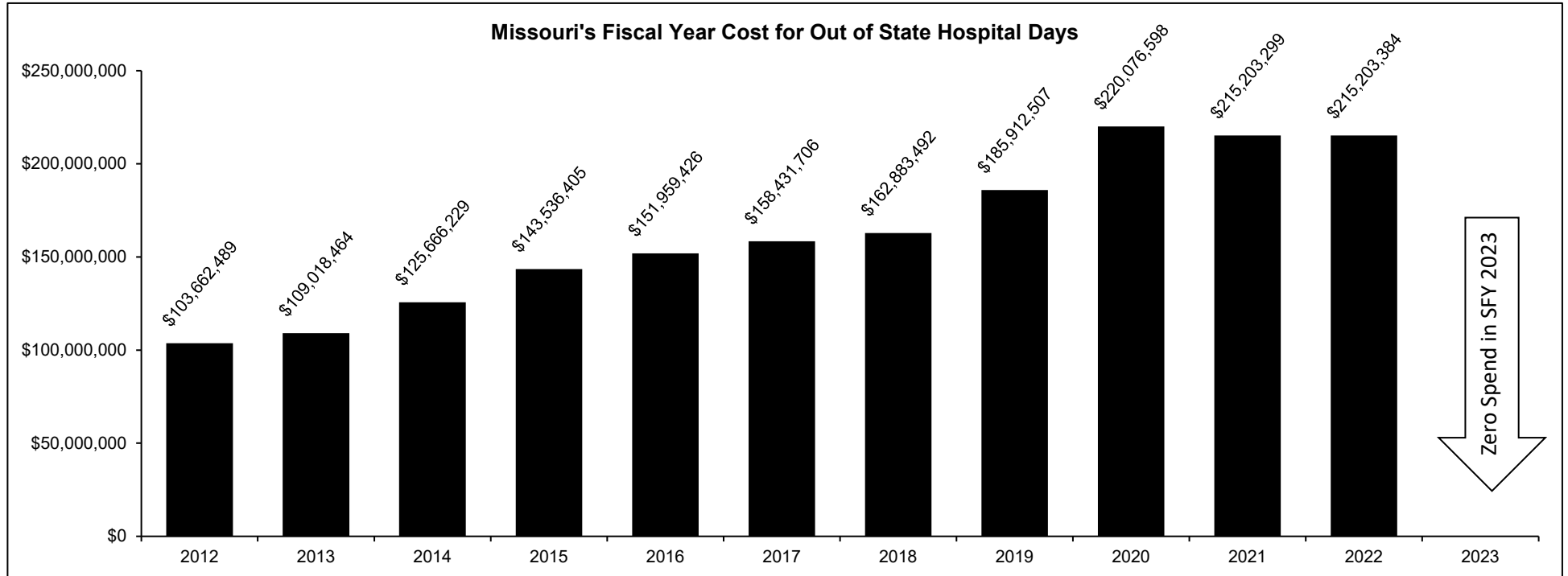
Department: Social Services

HB Section(s): 11.610

Program Name: MHD Transformation

Program is found in the following core budget(s): MHD Transformation

2c. Provide a measure(s) of the program's impact.



Beginning July 1, 2022, MO HealthNet implemented a rebasing effort for Missouri hospital payments. This effort eliminated payments attributed to out of state Medicaid recipients. This decades-old funding stream had ballooned to over \$200M annually. By rebasing hospital rates, MO HealthNet can now redistribute these funds to provide services for Missouri Medicaid participants and have a more meaningful impact on the health of Missourians, rather than fund services for Medicaid enrollees residing in other states.

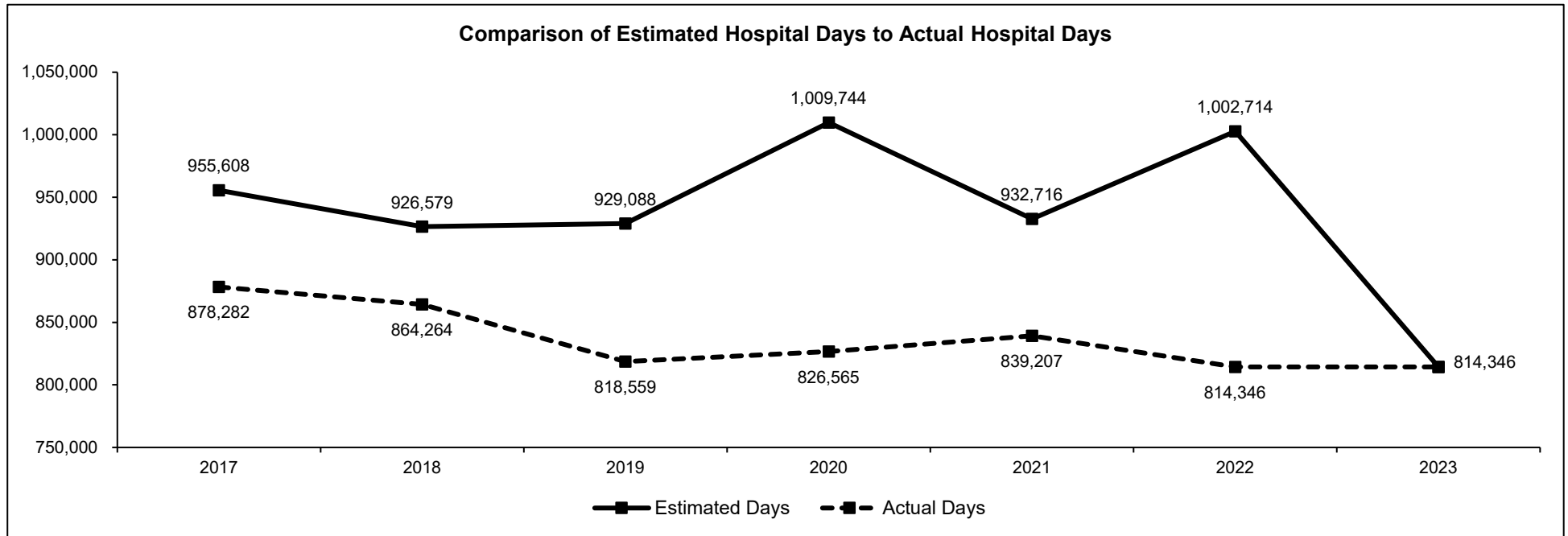
PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.610

Program Name: MHD Transformation

Program is found in the following core budget(s): MHD Transformation



This rebasing effort also eliminated the payment calculation for estimated hospital days. Historically, MO HealthNet calculated hospital per diems based on an estimated number of hospital days each hospital might account for within their Medicaid population each year. As shown on the chart above, the payment calculation had historically overestimated days when compared to actual days realized by Missouri hospitals on their annual cost reports. In some years, this overestimation of hospital days exceeded 180,000 days. By eliminating estimated days from the per diem calculation, MO HealthNet can redistribute these funds to address acute care and value based payment models.

NOTE: Chart data includes Fee-for-Service and Managed Care hospital days and the 2023 Actual Days value indicates a stretch target.

PROGRAM DESCRIPTION

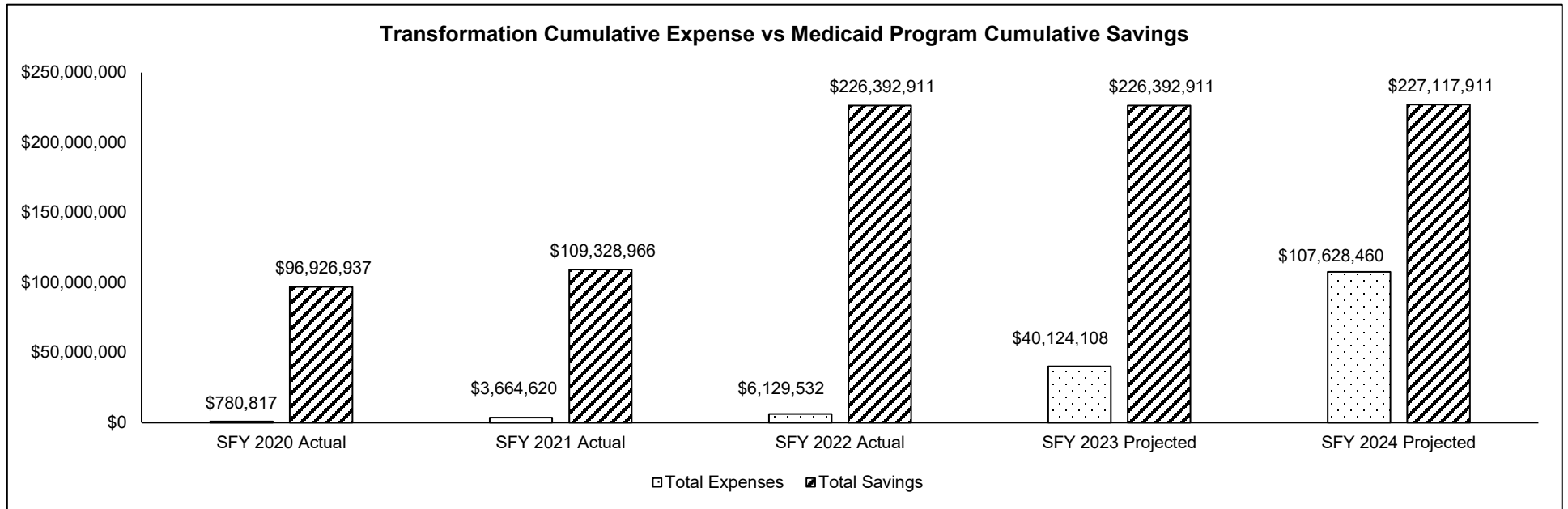
Department: Social Services

HB Section(s): 11.610

Program Name: MHD Transformation

Program is found in the following core budget(s): MHD Transformation

2d. Provide a measure(s) of the program's efficiency.



The above chart depicts the total spend of the Transformation Office compared to the projected savings of the initiatives that are completed, in flight or on deck. Savings will continue to grow as future initiatives progress. Every \$1 spent on Medicaid Transformation through SFY 2022 has resulted in \$36.93 in savings in the Medicaid expenditures.

PROGRAM DESCRIPTION

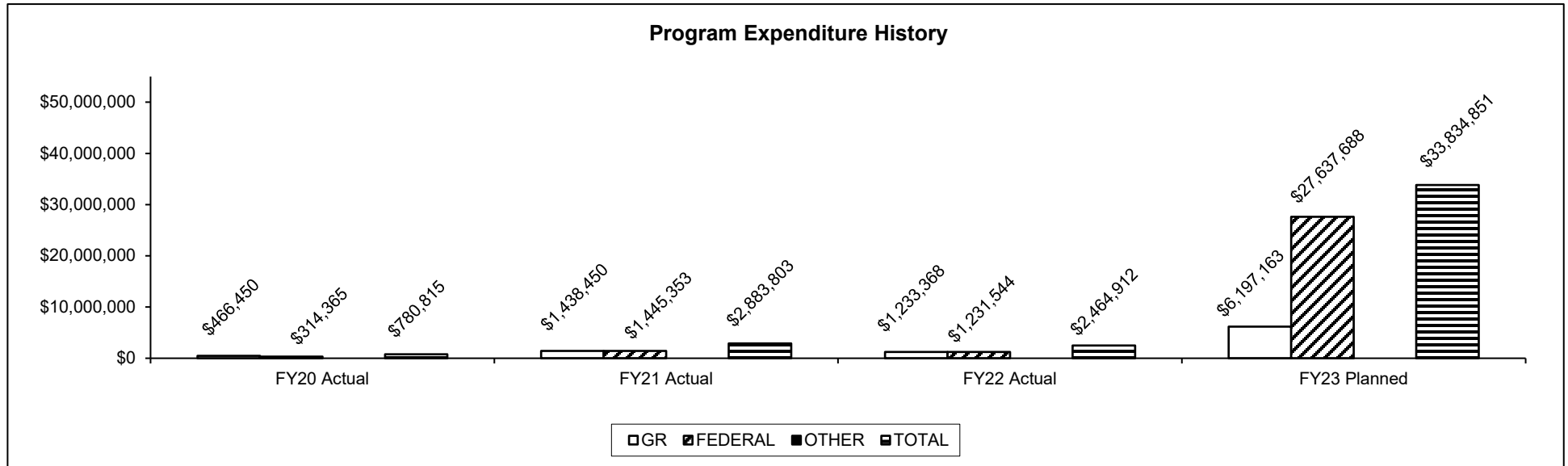
Department: Social Services

HB Section(s): 11.610

Program Name: MHD Transformation

Program is found in the following core budget(s): MHD Transformation

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe)



Planned FY2023 expenditures are net of reverted.

4. What are the sources of the "Other " funds?

N/A

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

N/A

6. Are there federal matching requirements? If yes, please explain.

Expenditures are allocated in accordance with the methodology outlined in the department's cost allocation plan and charged to corresponding grants or identified and claimed as maintenance of effort as appropriate. A majority of the grants have a federal matching requirement.

7. Is this a federally mandated program? If yes, please explain.

No.

Core - TPL Contracts

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Third Party Liability (TPL) Contracts

Budget Unit: 90515C

HB Section: 11.615

1. CORE FINANCIAL SUMMARY

FY 2024 Budget Request				
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	4,250,000	4,250,000	8,500,000
PSD	0	0	0	0
TRF	0	0	0	0
Total	0	4,250,000	4,250,000	8,500,000
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: Third Party Liability Collections Fund (TPL) (0120) - \$4,250,000

FY 2024 Governor's Recommendation				
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	0	0	0	0
Total	0	0	0	0
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

2. CORE DESCRIPTION

This item funds contracted third party liability (TPL) recovery activities. TPL functions are performed by agency staff in the MO HealthNet Division TPL Unit and by a contractor. This core appropriation represents expense and equipment funding which is used to make payments to the contractor who works with the agency on TPL recovery activities.

3. PROGRAM LISTING (list programs included in this core funding)

Third Party Liability Contracts

CORE DECISION ITEM

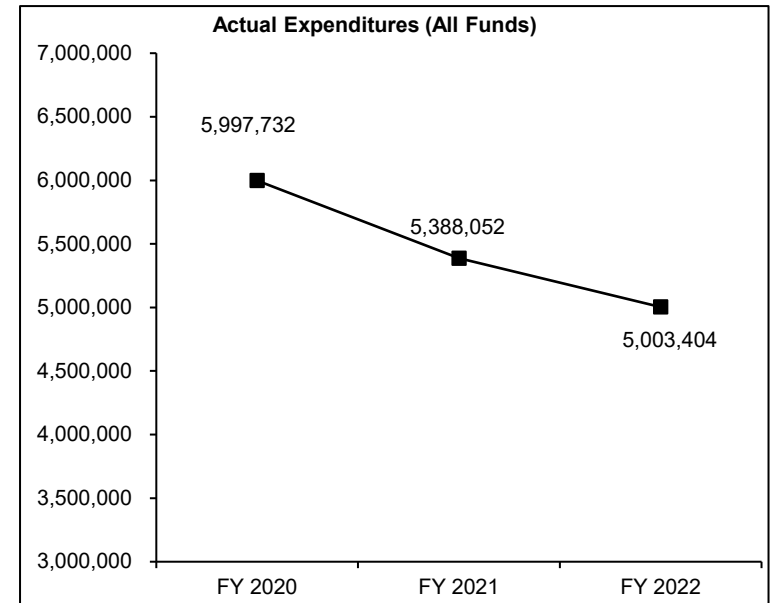
Department: Social Services
Division: MO HealthNet
Core: Third Party Liability (TPL) Contracts

Budget Unit: 90515C

HB Section: 11.615

4. FINANCIAL HISTORY

	FY 2020 Actual	FY 2021 Actual	FY 2022 Current Yr.	FY 2022 Current Yr.
Appropriation (All Funds)	8,500,000	8,500,000	8,500,000	8,500,000
Less Reverted (All Funds)	0	0	0	0
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	8,500,000	8,500,000	8,500,000	8,500,000
Actual Expenditures (All Funds)	5,997,732	5,388,052	5,003,404	N/A
Unexpended (All Funds)	2,502,268	3,111,948	3,496,596	N/A
Unexpended, by Fund:				
General Revenue	0	0	0	N/A
Federal	1,251,134	1,555,974	1,748,298	N/A
Other	1,251,134	1,555,974	1,748,298	N/A



*Current Year restricted amount is as of 9/01/2022.

Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES TPL CONTRACTS

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	EE	0.00	0	4,250,000	4,250,000	8,500,000	
	Total	0.00	0	4,250,000	4,250,000	8,500,000	
DEPARTMENT CORE REQUEST							
	EE	0.00	0	4,250,000	4,250,000	8,500,000	
	Total	0.00	0	4,250,000	4,250,000	8,500,000	
GOVERNOR'S RECOMMENDED CORE							
	EE	0.00	0	4,250,000	4,250,000	8,500,000	
	Total	0.00	0	4,250,000	4,250,000	8,500,000	

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
TPL CONTRACTS								
CORE								
EXPENSE & EQUIPMENT								
DEPT OF SOC SERV FEDERAL & OTH	2,501,702	0.00	4,250,000	0.00	4,250,000	0.00	0	0.00
THIRD PARTY LIABILITY COLLECT	2,501,702	0.00	4,250,000	0.00	4,250,000	0.00	0	0.00
TOTAL - EE	5,003,404	0.00	8,500,000	0.00	8,500,000	0.00	0	0.00
TOTAL	5,003,404	0.00	8,500,000	0.00	8,500,000	0.00	0	0.00
GRAND TOTAL	\$5,003,404	0.00	\$8,500,000	0.00	\$8,500,000	0.00	\$0	0.00

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DECISION ITEM DETAIL

Budget Unit	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
TPL CONTRACTS								
CORE								
PROFESSIONAL SERVICES	5,003,404	0.00	8,500,000	0.00	8,500,000	0.00	0	0.00
TOTAL - EE	5,003,404	0.00	8,500,000	0.00	8,500,000	0.00	0	0.00
GRAND TOTAL	\$5,003,404	0.00	\$8,500,000	0.00	\$8,500,000	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00		0.00
FEDERAL FUNDS	\$2,501,702	0.00	\$4,250,000	0.00	\$4,250,000	0.00		0.00
OTHER FUNDS	\$2,501,702	0.00	\$4,250,000	0.00	\$4,250,000	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.615

Program Name: Third Party Liability (TPL) Contracts

Program is found in the following core budget(s): Third Party Liability (TPL) Contracts

1a. What strategic priority does this program address?

Reduce Medicaid overall costs

1b. What does this program do?

The TPL program utilizes a combination of contractor and state staff resources to research and identify potentially liable third party sources and then pursues those alternative payment methods. MO HealthNet is able to avoid and/or recover costs for medical services provided to the state's Medicaid population. While this appropriation only funds the TPL contractor, both contractor and state staff responsibilities are discussed below. Funding for the MO HealthNet TPL Unit, are appropriated under MO HealthNet Administration. Even though some responsibilities are shared, the TPL Unit and the contractor each perform specific cost saving and recovery activities. The contractor focuses on bulk billings to insurance carriers and other third parties and data matches to identify potential third parties.

The following list itemizes the activities performed by the contractor:

- Health insurance billing and follow-up
- Data matches and associated billing (Tricare, Missouri Consolidated Health Care Plan, and other insurance carriers such as Blue Cross Blue Shield, United Healthcare, and Aetna)
- Provide TPL information for state files
- Post accounts receivable data to the state A/R system
- Maintain insurance billing files

Program Objectives are to recover funds:

- From third-party sources when liability at the time of service had not yet been determined
- When the third-party source was not known at the time of MO HealthNet payment
- For services that are federally mandated to be paid and then pursued

Reimbursement Methodology

The TPL contract appropriation allows for payment to the contractor who works with the agency on TPL recovery and cost avoidance activities. The contractor is paid for its recovery services through a contingency contract rate for cash recoveries of 15% for the first \$20 million recovered, 14% for any recoveries over \$20 million and up to \$30 million, and 13% for recoveries over \$30 million, which resets annually. There is also a "per member per month" (PMPM) rate of \$0.235 for cost avoidance services which is based on currently enrolled participants. Health plans in the MO HealthNet Managed Care program are responsible for the TPL activities related to plan enrollees.

PROGRAM DESCRIPTION

Department: Social Services

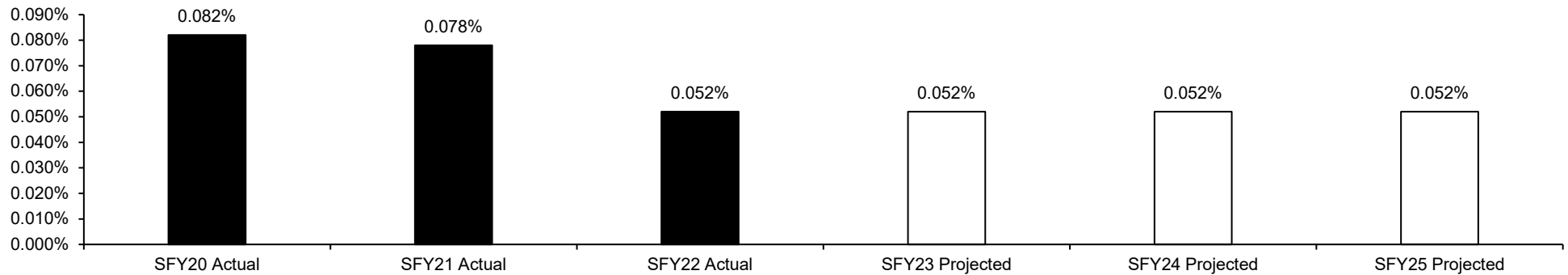
HB Section(s): 11.615

Program Name: Third Party Liability (TPL) Contracts

Program is found in the following core budget(s): Third Party Liability (TPL) Contracts

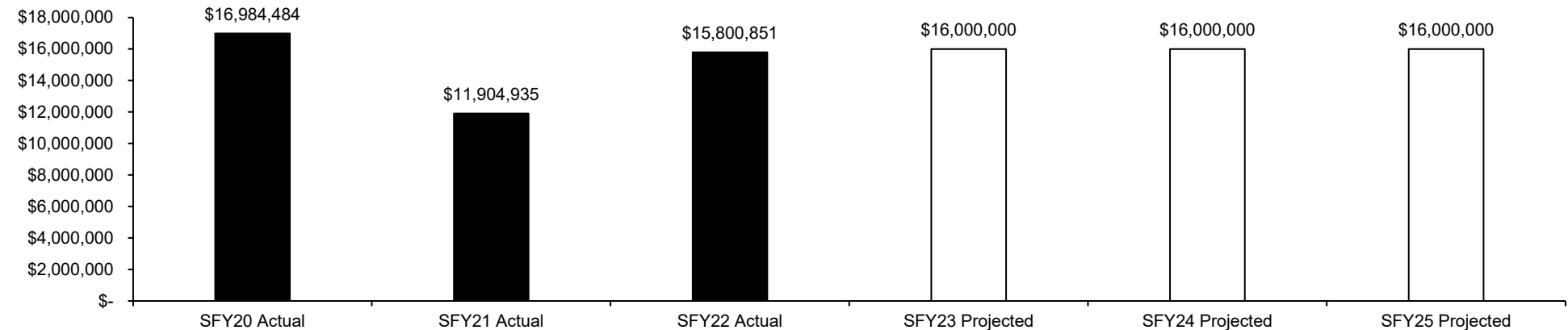
2a. Provide an activity measure for the program.

Program Percentage Cost of Total MHD Budget



2b. Provide a measure of the program's quality.

Cash Recoveries by TPL Contractor



*Managed Care was implemented in 2017. TPL has a 36 month period in which we can collect recoveries on claims. A majority of Medicaid participants are now in Managed Care, which accounts for lower recovery amounts in current years than years prior to SFY20. Decreased claims during the PHE accounts for the decreased recoveries seen in SFY21.

PROGRAM DESCRIPTION

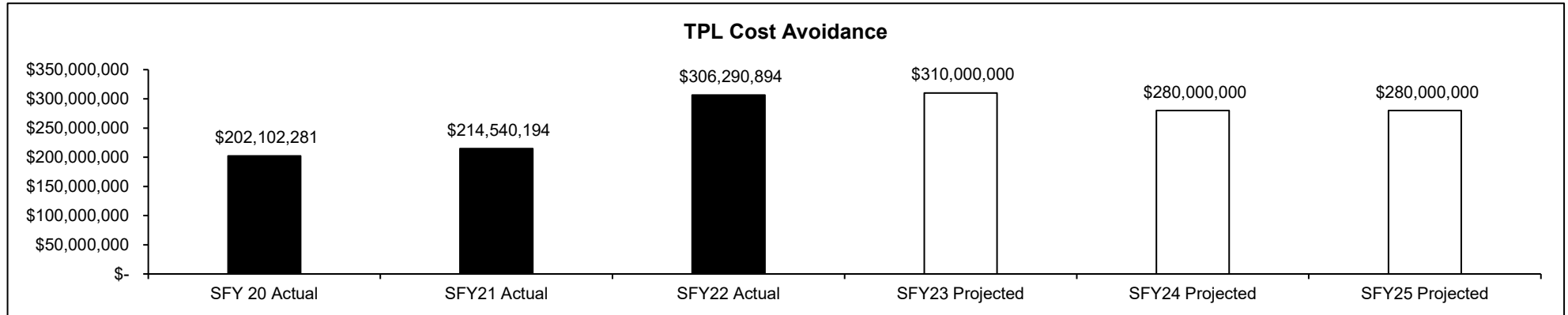
Department: Social Services

HB Section(s): 11.615

Program Name: Third Party Liability (TPL) Contracts

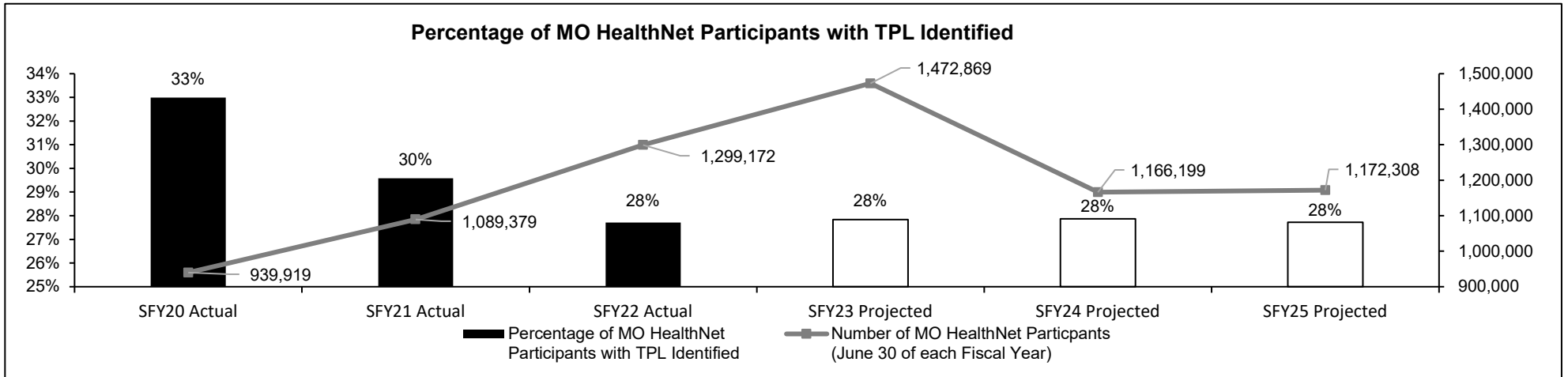
Program is found in the following core budget(s): Third Party Liability (TPL) Contracts

2c. Provide a measure of the program's impact.



Identification of TPL policies allows MO HealthNet to pay secondary on claims for these participants. This allows us to avoid paying the majority of costs for these individuals. The increase in SFY22 was due to a combination of the higher number of participants because of the PHE and additional policy changes that increase recoveries. MHD expects the future recoveries to be higher than SFY21 and previous, but lower than SFY22 because of the Public Health Emergency (PHE) ending there will be fewer participants.

2d. Provide a measure(s) of the program's efficiency.



PROGRAM DESCRIPTION

Department: Social Services

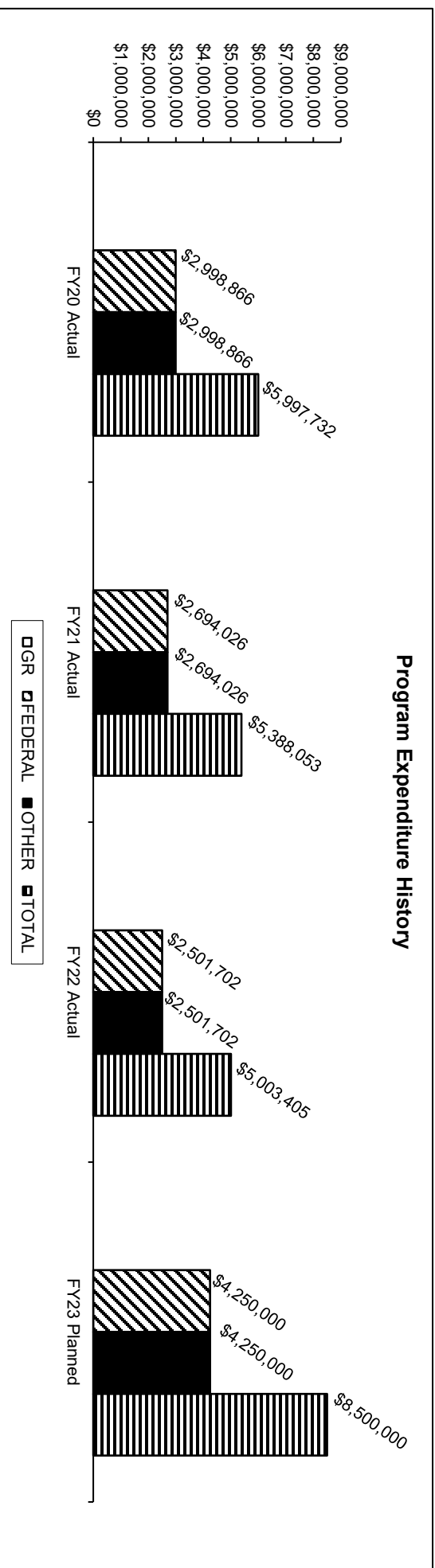
HB Section(s):

11.615

Program Name: Third Party Liability (TPL) Contracts

Program is found in the following core budget(s): Third Party Liability (TPL) Contracts

3. Provide actual expenditures for the prior three fiscal years; planned expenditures for the current fiscal year; and, when available, the Governor's recommended funding for the upcoming fiscal year. (Note: Amounts do not include fringe benefit costs.)



4. What are the sources of the "Other" funds?

Third Party Liability Collections Fund (0120)

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: Sections 198.090, 208.101, 208.153, 208.166, 208.215, 473.398, and 473.399, RSMo. State regulation: 13 CSR 70-4.120 and 13 CSR 0-1.010. Federal law: Social Security Act, Section 1902, 1930, 1906, 1912, and 1917. Federal regulation: 42 CFR 433 Subpart D.

6. Are there federal matching requirements? If yes, please explain.

General Medicaid administrative expenditures require a 50% match.

7. Is this a federally mandated program? If yes, please explain.

By Federal Statute Sec. 1102 of the Social Security Act (42 U.S.C. 1302) and federal regulation, (42 CFR 433.138) - Identifying liable third parties, States are required to pursue all other available third party resources, who must meet their legal obligation to pay claims before the MO HealthNet program pays for the care of a participant. Missouri is required to take all reasonable measures to ascertain the legal liability of third parties to pay for care and services that are available under the Medicaid State Plan.

Core - Information Systems

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Information Systems

Budget Unit: 90522C
HB Section: 11.620

1. CORE FINANCIAL SUMMARY

FY 2024 Budget Request				
	GR	Federal	Other	Total
PS	0	0	0	0
EE	41,156,296	107,994,618	2,021,687	151,172,601
PSD	0	0	0	0
TRF	0	0	0	0
Total	41,156,296	107,994,618	2,021,687	151,172,601

FTE 0.00 0.00 0.00 0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: Uncompensated Care Fund (0108) - \$430,000
Health Initiatives Fund (0275) - \$1,591,687

FY 2024 Governor's Recommendation				
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	0	0	0	0
Total	0	0	0	0

FTE 0.00 0.00 0.00 0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

2. CORE DESCRIPTION

This core request is for the continued funding of MO HealthNet's Information Systems. Core funding is used to pay for the Medicaid Management Information Systems (MMIS) contract. The MMIS contractor processes fee-for-service (FFS) claims and managed care encounter data, and calculates provider and health plan payments. Managed care encounter data is processed through the system similar to FFS claims. The data is used by the Managed Care Unit for contract administration and rate setting purposes.

3. PROGRAM LISTING (list programs included in this core funding)

Information Systems

CORE DECISION ITEM

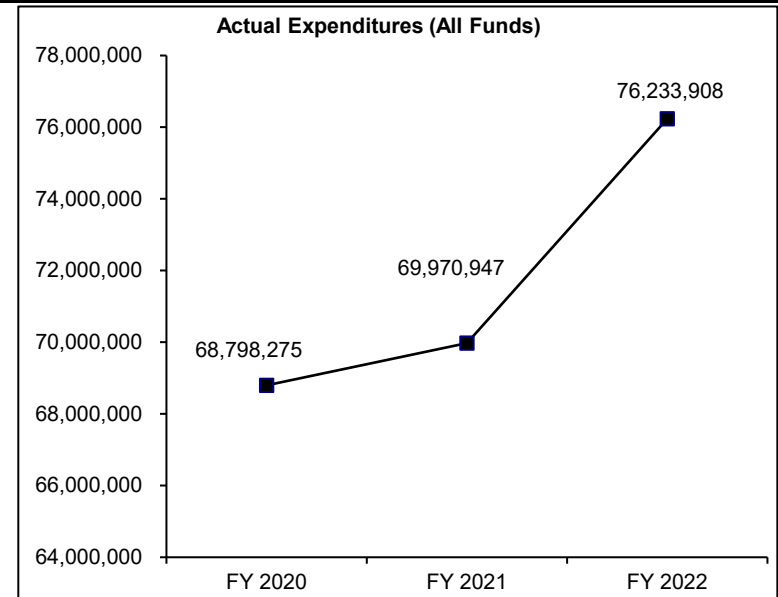
Department: Social Services
Division: MO HealthNet
Core: Information Systems

Budget Unit: 90522C

HB Section: 11.620

4. FINANCIAL HISTORY

	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Current Yr.
Appropriation (All Funds)	105,163,278	106,738,672	122,939,635	151,172,601
Less Reverted (All Funds)	(871,021)	(884,181)	(1,097,182)	(1,282,440)
Less Restricted (All Funds)	(1,000,000)	0	0	0
Budget Authority (All Funds)	103,292,257	105,854,491	121,842,453	149,890,161
Actual Expenditures (All Funds)	68,798,275	69,970,947	76,233,908	N/A
Unexpended (All Funds)	34,493,982	35,883,544	45,608,545	N/A
Unexpended, by Fund:				
General Revenue	6,212,800	6,557,403	12,207,158	N/A
Federal	28,281,182	29,326,141	33,401,387	N/A
Other	0	0	0	N/A
	(1)	(2)	(3)	(4)



*Current Year restricted amount is as of 9/01/2022.

Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

(1) FY20 - New Decision Items were funded for FY20: MMIS Replacement (\$350,000 GR; \$3,150,000 FED), MMIS Development (\$1,335,750 GR; \$5,979,250 FED), Enrollment Broker (\$1,320,000 GR; \$2,680,000 FED), and MMIS Health Information Exchange (\$2,860,624 GR; \$2,860,624 FED). \$176,730 GR was held in agency reserve. FY20 lapse is due to timing of contract payments and \$1 million GR was placed in restriction in FY20.

(2) FY21 - New Decision Item funded for MMIS CMSP Operational (\$438,680 GR; \$959,984 Fed).

(3) FY22 - New Decision Items funded for MMIS CMSP Operational (\$485,083 GR; \$985,112 Fed), MMIS HIE (\$2,860,624 GR; \$2,860,624 Fed), MMIS BIW-EDW (\$1,563,093 GR; \$1,563,093 Fed), MMIS Security Risk Assessment (842,500 GR; \$842,500 Fed), MMIS Pharmacy Solutions (\$2,750,000 GR; \$8,250,000 Fed), MMIS Premium Collections (\$250,000 GR; \$1,050,000 Fed), MMIS MC Contract Management Tool (\$700,000 GR; \$6,300,000 fed). Supplemental awarded for \$7,249,602 (Fed).

(4) FY23 - New Decision Items funded for MMIS Operational Costs(\$624,951 GR; \$1,121,356 Fed), BIS-EDW (\$500,000 GR; \$4,500,000 Fed), HIE (\$2,488,563 GR; \$2,488,563 Fed), Component Upgrades (\$1,893,750 GR; \$5,681,250 Fed), Interoperability Requirements (\$150,000 GR; \$1,350,000 Fed), Identity and Access Mangement (\$500,000 GR; \$4,500,000 Fed).

CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES INFORMATION SYSTEMS

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	EE	0.00	41,156,296	107,994,618	2,021,687	151,172,601	
	Total	0.00	41,156,296	107,994,618	2,021,687	151,172,601	
DEPARTMENT CORE REQUEST							
	EE	0.00	41,156,296	107,994,618	2,021,687	151,172,601	
	Total	0.00	41,156,296	107,994,618	2,021,687	151,172,601	
GOVERNOR'S RECOMMENDED CORE							
	EE	0.00	41,156,296	107,994,618	2,021,687	151,172,601	
	Total	0.00	41,156,296	107,994,618	2,021,687	151,172,601	

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
INFORMATION SYSTEMS								
CORE								
EXPENSE & EQUIPMENT								
GENERAL REVENUE	21,724,443	0.00	41,156,296	0.00	41,156,296	0.00	0	0.00
DEPT OF SOC SERV FEDERAL & OTH	51,837,172	0.00	105,578,084	0.00	105,578,084	0.00	0	0.00
MEDICAID STABILIZATION	698,357	0.00	0	0.00	0	0.00	0	0.00
FMAP ENHANCEMENT - EXPANSION	0	0.00	2,416,534	0.00	2,416,534	0.00	0	0.00
UNCOMPENSATED CARE FUND	430,000	0.00	430,000	0.00	430,000	0.00	0	0.00
HEALTH INITIATIVES	1,543,936	0.00	1,591,687	0.00	1,591,687	0.00	0	0.00
TOTAL - EE	76,233,908	0.00	151,172,601	0.00	151,172,601	0.00	0	0.00
TOTAL	76,233,908	0.00	151,172,601	0.00	151,172,601	0.00	0	0.00
MMIS Operational Costs - 1886014								
EXPENSE & EQUIPMENT								
GENERAL REVENUE	0	0.00	0	0.00	2,505,692	0.00	0	0.00
DEPT OF SOC SERV FEDERAL & OTH	0	0.00	0	0.00	7,036,683	0.00	0	0.00
TOTAL - EE	0	0.00	0	0.00	9,542,375	0.00	0	0.00
TOTAL	0	0.00	0	0.00	9,542,375	0.00	0	0.00
MMIS - TMSIS - 1886015								
EXPENSE & EQUIPMENT								
GENERAL REVENUE	0	0.00	0	0.00	50,000	0.00	0	0.00
DEPT OF SOC SERV FEDERAL & OTH	0	0.00	0	0.00	450,000	0.00	0	0.00
TOTAL - EE	0	0.00	0	0.00	500,000	0.00	0	0.00
TOTAL	0	0.00	0	0.00	500,000	0.00	0	0.00
MMIS - Transition and Turnover - 1886016								
EXPENSE & EQUIPMENT								
GENERAL REVENUE	0	0.00	0	0.00	500,000	0.00	0	0.00

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DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
INFORMATION SYSTEMS								
MMIS - Transition and Turnover - 1886016								
EXPENSE & EQUIPMENT								
DEPT OF SOC SERV FEDERAL & OTH	0	0.00	0	0.00	4,500,000	0.00	0	0.00
TOTAL - EE	0	0.00	0	0.00	5,000,000	0.00	0	0.00
TOTAL	0	0.00	0	0.00	5,000,000	0.00	0	0.00
GRAND TOTAL	\$76,233,908	0.00	\$151,172,601	0.00	\$166,214,976	0.00	\$0	0.00

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FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90522C BUDGET UNIT NAME: Information Systems HOUSE BILL SECTION: 11.620	DEPARTMENT: Social Services DIVISION: MO HealthNet
1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.	
Department Request	
.25% of flexibility is requested between sections 11.600 (MHD Admin), 11.620 (Information Systems), 11.700 (Pharmacy and Clawback), 11.715 (Physician Related Prof), 11.730 (Nursing Facilities and Home Health), 11.745 (Rehab Specialty Services and NEMT), 11.750 (GEMT), 11.760 (Managed Care), 11.762 (MC Specialty Plan), and 11.765 (Hospital Care).	
2. Estimate how much flexibility will be used for the budget year. How much flexibility was used in the Prior Year Budget and the Current Year Budget? Please specify the amount.	
PRIOR YEAR ACTUAL AMOUNT OF FLEXIBILITY USED	CURRENT YEAR ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED
\$0	DSS will flex up to .25% between sections.
BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED	
Up to .25% flexibility will be used.	
3. Please explain how flexibility was used in the prior and/or current years.	
PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE
N/A	Flex is to be used in the Administration and Information System sections that allows MHD to pay for contractual expenditures to allow MHD to continue oversight and operation of the Medicaid program.

DECISION ITEM DETAIL

Budget Unit	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
INFORMATION SYSTEMS								
CORE								
PROFESSIONAL SERVICES	76,233,908	0.00	151,172,601	0.00	151,172,601	0.00	0	0.00
TOTAL - EE	76,233,908	0.00	151,172,601	0.00	151,172,601	0.00	0	0.00
GRAND TOTAL	\$76,233,908	0.00	\$151,172,601	0.00	\$151,172,601	0.00	\$0	0.00
GENERAL REVENUE	\$21,724,443	0.00	\$41,156,296	0.00	\$41,156,296	0.00		0.00
FEDERAL FUNDS	\$52,535,529	0.00	\$107,994,618	0.00	\$107,994,618	0.00		0.00
OTHER FUNDS	\$1,973,936	0.00	\$2,021,687	0.00	\$2,021,687	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.620

Program Name: Information Systems

Program is found in the following core budget(s): Information Systems

1a. What strategic priority does this program address?

Timely automated processing and reporting

1b. What does this program do?

The Information Systems program area manages the Medicaid Management Information System (MMIS) and the contracts with the vendors that develop, operate, and maintain the system.

The primary functions of the MMIS include claims and encounter processing, calculating provider payments, healthcare service provider management, drug rebate invoicing and collection, processing third party liability, federal financial reporting, administrative workflow management, and reporting and analytics.

The primary goal of the MMIS is to support the operation of the MO HealthNet Program by accomplishing the following:

- Automation of key business processes to support the program policies and processes to ensure compliance with federal and state law
- Access for providers and users to program and participant eligibility information required to support provision of services to program participants
- Timely and accurate claims processing and payment to providers
- Timely and accurate processing of capitation payments to Managed Care health plans
- Accurate reporting of program costs and outcomes to Centers for Medicare & Medicaid Services (CMS) and maximization of federal financial participation
- Comprehensive and accurate reporting and analytics services and sharing of claims data to support administrative and program decision support, monitoring of program metrics, and improvements in program quality and care management
- Ongoing system modifications to support new program initiatives, meet changing federal and state program requirements, and further business automation
- Procurement and implementation of replacement MMIS subsystems and services in compliance with federal MMIS enhanced funding requirements

The state receives enhanced federal funding for the development and operation of the MMIS. The Information Systems program area manages the enhanced funding including review of CMS regulations and guidance, the submission of planning documents to CMS to request enhanced funding, and the review and approval of system-related costs.

CMS updated the rule related to the enhanced funding in December 2016, and continues to issue sub-regulatory guidance that is changing the conditions for receiving enhanced funding for investments in Information Technology. The guidance encourages the replacement of legacy MMIS systems such as Missouri's system with more modular and reusable solutions. MO HealthNet is working on several system procurement projects intended to replace MMIS subsystems with solutions utilizing modern technologies and complying with the CMS conditions. The procurement and replacement of MMIS systems requires a multi-year effort, and a significant capital investment, but offers future cost savings through technology that is less expensive to operate and maintain, and is more flexible allowing for quicker implementation of program changes. As part of the MMIS procurement effort, MO HealthNet has implemented a Business Intelligence Solution and Enterprise Data Warehouse (BIS/EDW) and awarded a contract for the Beneficiary Support and Premium Collections Solution and Services, while Missouri Medicaid Audit and Compliance (MMAC) has implemented and certified a Program Integrity Solution.

PROGRAM DESCRIPTION

Department: Social Services

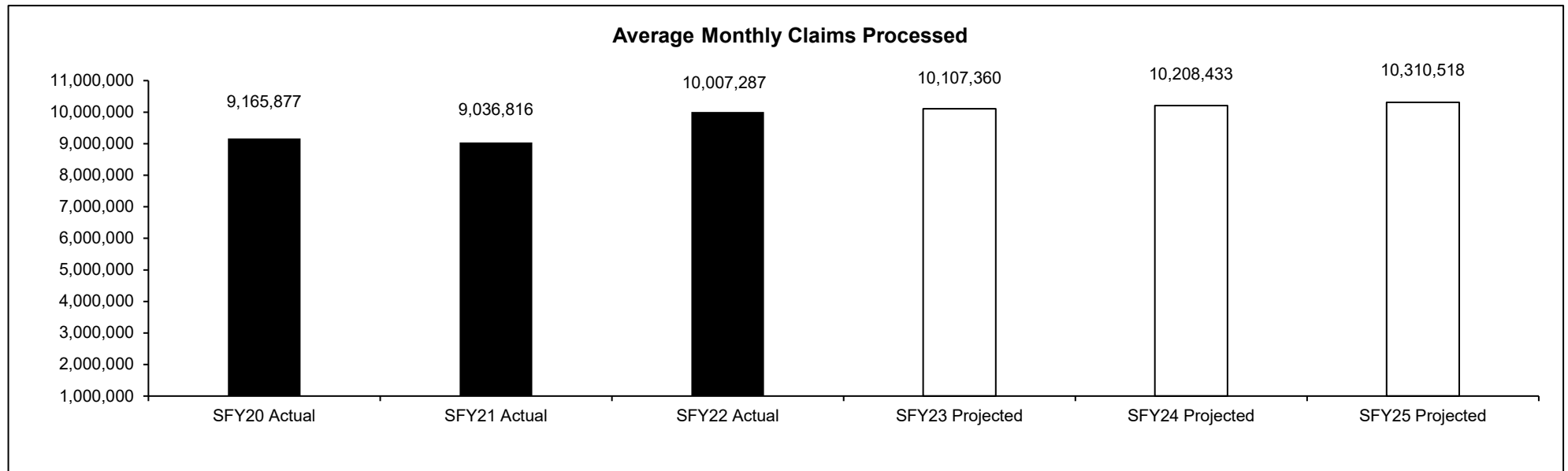
HB Section(s): 11.620

Program Name: Information Systems

Program is found in the following core budget(s): Information Systems

2a. Provide an activity measure(s) for the program.

The MMIS supports the program through the automation of business processes, allowing the program to complete millions of transactions with providers and health plans utilizing a minimal number of staff.



*SFY20 and SFY21 actuals were directly impacted by a reduction in the utilization of healthcare services resulting from the pandemic. MO HealthNet anticipates an increase as utilization returns to normal while the number of program eligibles remains above normal.

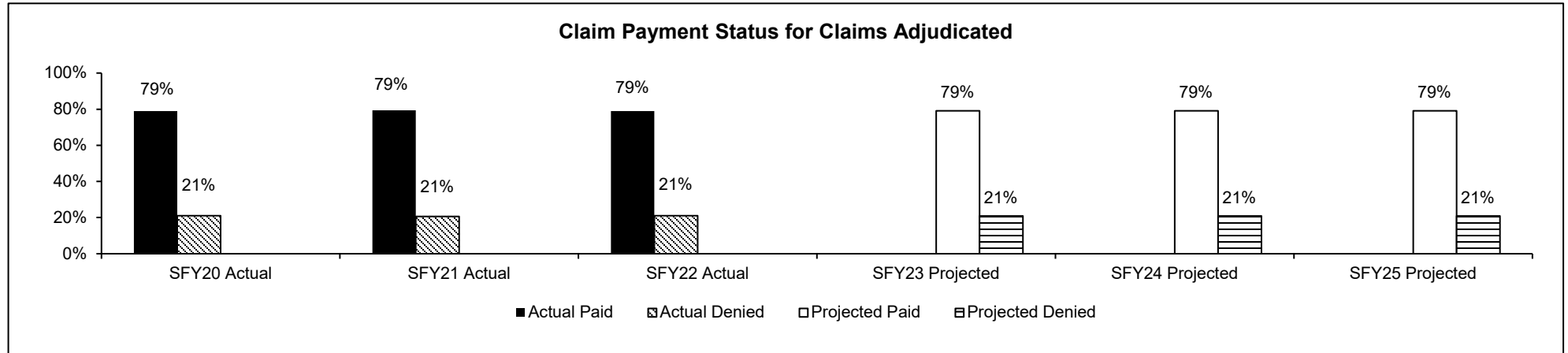
PROGRAM DESCRIPTION

Department: Social Services
Program Name: Information Systems
Program is found in the following core budget(s): Information Systems

HB Section(s): 11.620

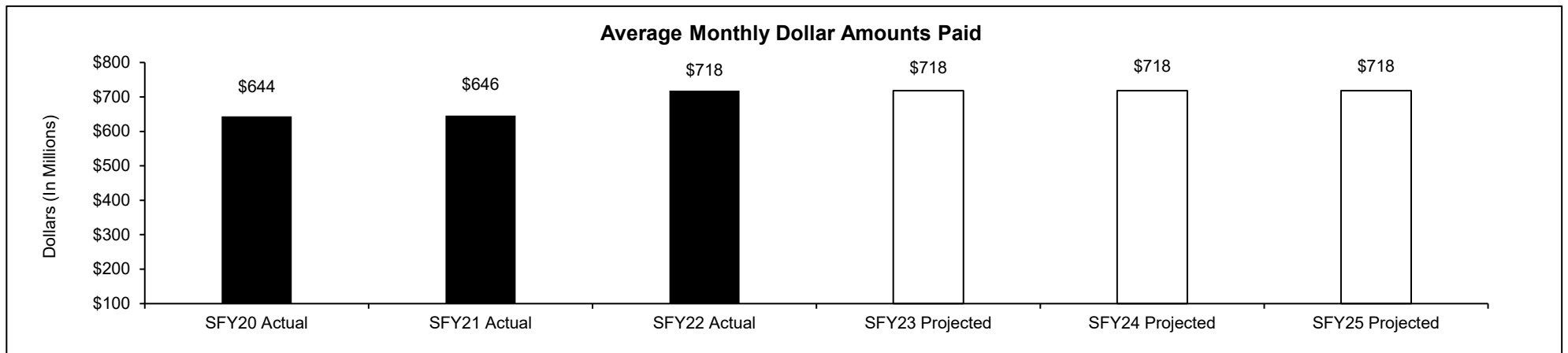
2b. Provide a measure(s) of the program's quality.

Percentage of claims paid or denied each month by Medicaid Management Information System (MMIS)



2c. Provide a measure(s) of the program's impact.

Amount paid to providers by MMIS on claims adjudicated monthly during the fiscal year.



PROGRAM DESCRIPTION

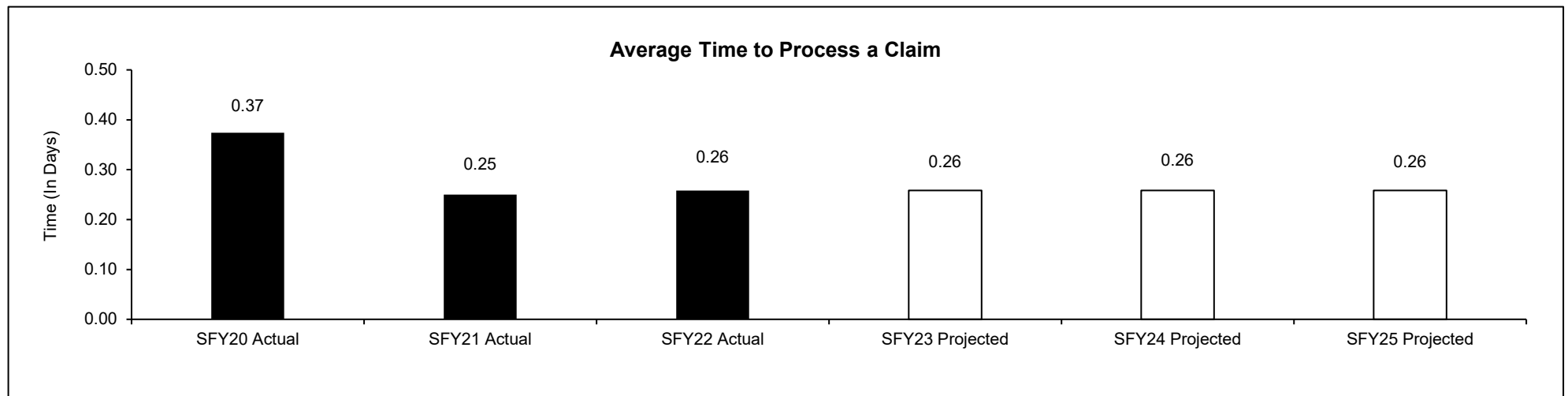
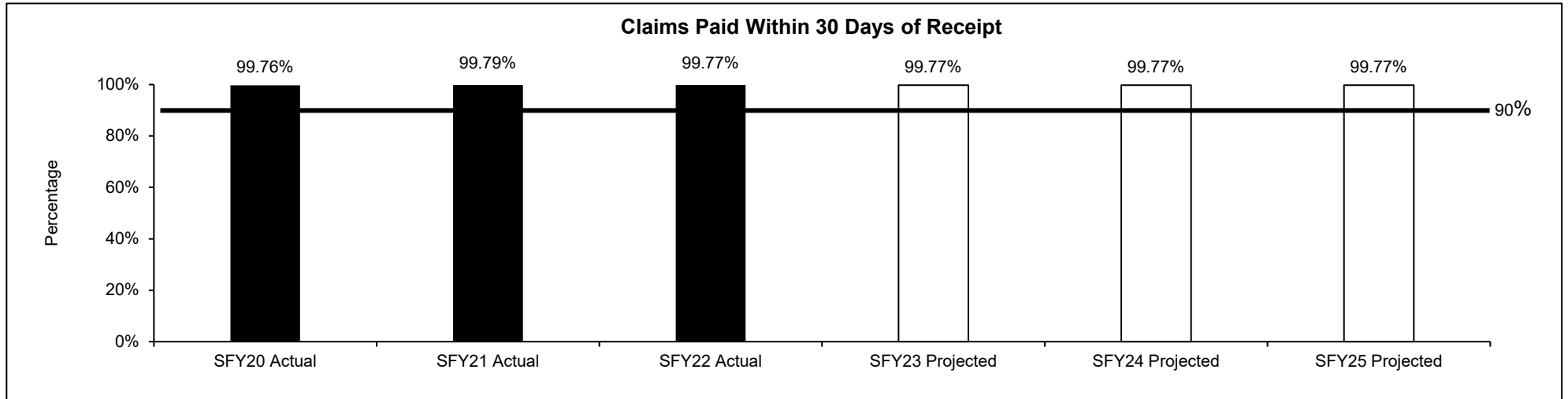
Department: Social Services
Program Name: Information Systems

HB Section(s): 11.620

Program is found in the following core budget(s): Information Systems

2d. Provide a measure(s) of the program's efficiency.

Promptly pay claims to providers per Federal regulation 42 CFR 447.45(d), state must pay 90% of clean claims received within 30 days of receipt.

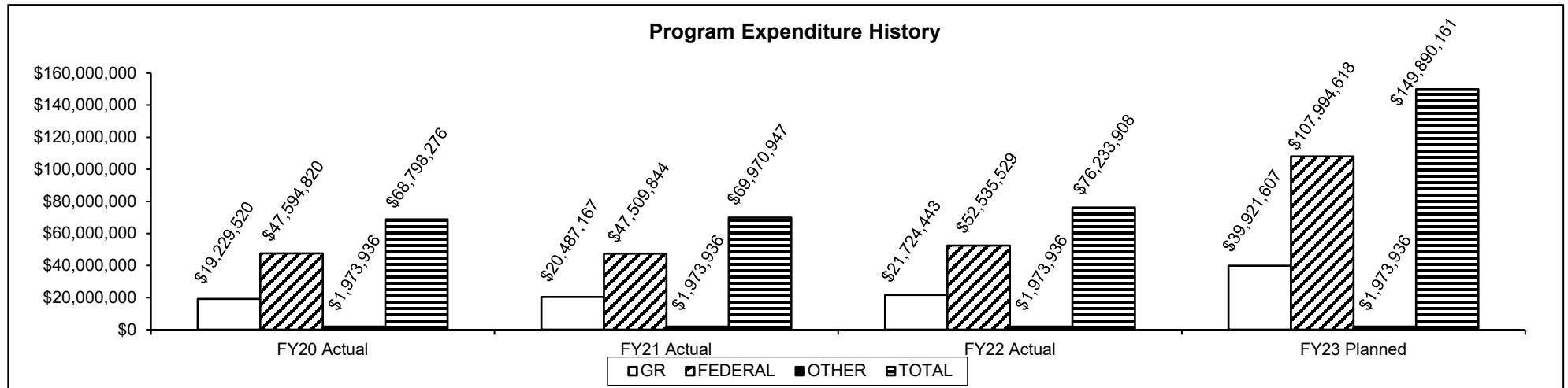


PROGRAM DESCRIPTION

Department: Social Services
Program Name: Information Systems
Program is found in the following core budget(s): Information Systems

HB Section(s): 11.620

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



In FY2022, AEG expenditures are included in total payments. Federal Fund 0809 was used to cover the state share of AEG expenditures. Planned FY2023 expenditures are net of reverted.

4. What are the sources of the "Other " funds?

Health Initiatives Fund (0275), Uncompensated Care Fund (0108), and FMAP Enhancement - Expansion Fund (2466)

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: Sections 208.166 and 208.201, RSMo. Federal law: Social Security Act Section 1902(a)(4), 1903(a)(3) and 1915(b). Federal Regulation: 42 CFR 433(C) and 438; Children's Health Insurance Program State Plan Amendment.

6. Are there federal matching requirements? If yes, please explain.

Expenditures for MMIS operations have three different federal financial participation (FFP) rates. The majority of MMIS expenditures earn 75% FFP and require 25% state share. Functions earning 75% include MMIS base operations and call center operations. Approved system enhancements earn 90% FFP and require 10% state share. Enrollment broker services, postage and general Medicaid administrative expenditures earn 50% FFP and require 50% state share.

7. Is this a federally mandated program? If yes, please explain.

Yes. Section 1902(a)(4) of the Social Security Act requires such methods of administration as necessary for the proper and efficient administration of the Medicaid State Plan.

NDI - MMIS – Operational Costs

NEW DECISION ITEM

Department: Social Services
Division: MO HealthNet
DI Name: MMIS Operational Costs **DI#** 1886014

Budget Unit: 90522C
HB Section: 11.620

1. AMOUNT OF REQUEST

FY 2024 Budget Request				
	GR	Federal	Other	Total
PS	0	0	0	0
EE	2,505,692	7,036,683	0	9,542,375
PSD	0	0	0	0
TRF	0	0	0	0
Total	2,505,692	7,036,683	0	9,542,375
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.				

Other Funds: N/A
 Non-Counts: N/A

FY 2024 Governor's Recommendation				
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	0	0	0	0
Total	0	0	0	0
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.				

Other Funds:
 Non-Counts:

2. THIS REQUEST CAN BE CATEGORIZED AS:

<input type="checkbox"/> New Legislation	<input type="checkbox"/> New Program	<input type="checkbox"/> Fund Switch
<input type="checkbox"/> Federal Mandate	<input checked="" type="checkbox"/> Program Expansion	<input type="checkbox"/> Cost to Continue
<input type="checkbox"/> GR Pick-Up	<input type="checkbox"/> Space Request	<input type="checkbox"/> Equipment Replacement
<input type="checkbox"/> Pay Plan	<input type="checkbox"/> Other:	

3. WHY IS THIS FUNDING NEEDED? PROVIDE AN EXPLANATION FOR ITEMS CHECKED IN #2. INCLUDE THE FEDERAL OR STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS PROGRAM.

This NDI is needed to fund the increased costs related to the contract extension for the Missouri Medicaid Information System (MMIS)/Fiscal Agent contract with Infocrossing, the contract extension for the Clinical Management Services and Pharmacy Claims and Prior Authorization (CMSP) contract with Conduent, operational costs under the Business Intelligence Solution - Enterprise Data Warehouse (BIS-EDW) contract with IBM, operational costs under the Electronic Visit Verification (EVV) Aggregator Solution (EAS) contract with SanData, and operational costs under the Beneficiary Support and Premiums Collections Solution and Services (BSPC) Contract with Automated Health Systems, Inc (AHS).

NEW DECISION ITEM

Department: Social Services
 Division: MO HealthNet
 DI Name: MMIS Operational Costs DI# 1886014

Budget Unit: 90522C
 HB Section: 11.620

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFP fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

	Match	GR	Fed	Other	Total
MMIS	50/75 Blend	1,731,936	4,026,824	0	5,758,760
CMSP	50/75 Blend	546,248	1,521,841	0	2,068,089
BIS-EDW	75/25	29,267	87,801	0	117,068
EAS	75/25	12,662	37,987	0	50,649
BSPC	50/75 Blend	893,251	2,069,902	0	2,963,153
Total		3,213,364	7,744,355	0	10,957,719
Less: Current Funding in Core		(707,672)	(707,672)	0	(1,415,344)
NDI Requested		2,505,692	7,036,683	0	9,542,375

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.									
Budget Object Class/Job Class	Dept Req GR DOLLARS	Dept Req GR FTE	Dept Req FED DOLLARS	Dept Req FED FTE	Dept Req OTHER DOLLARS	Dept Req OTHER FTE	Dept Req TOTAL DOLLARS	Dept Req TOTAL FTE	Dept Req One-Time DOLLARS
400 - Professional Services	2,505,692		7,036,683		0		9,542,375		0
Total EE	2,505,692		7,036,683		0		9,542,375		0
Grand Total	2,505,692	0.0	7,036,683	0.0	0	0.0	9,542,375	0.0	0

Budget Object Class/Job Class	Gov Rec GR DOLLARS	Gov Rec GR FTE	Gov Rec FED DOLLARS	Gov Rec FED FTE	Gov Rec OTHER DOLLARS	Gov Rec OTHER FTE	Gov Rec TOTAL DOLLARS	Gov Rec TOTAL FTE	Gov Rec One-Time DOLLARS
400 - Professional Services	0		0		0		0		0
Total EE	0		0		0		0		0
Grand Total	0	0.0	0	0.0	0	0.0	0	0.0	0

NEW DECISION ITEM

Department: Social Services
Division: MO HealthNet
DI Name: MMIS Operational Costs DI# 1886014

Budget Unit: 90522C
HB Section: 11.620

6. PERFORMANCE MEASURES (If new decision item has an associated core, separately identify projected performance with & without additional funding.)

6a. Provide an activity measure(s) for the program.

Please see the Information Systems core section for performance measures.

6b. Provide a measure(s) of the program's quality.

Please see the Information Systems core section for performance measures.

6c. Provide a measure(s) of the program's impact.

Please see the Information Systems core section for performance measures.

6d. Provide a measure(s) of the program's efficiency.

Please see the Information Systems core section for performance measures.

7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:

N/A

DECISION ITEM DETAIL

Budget Unit	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
INFORMATION SYSTEMS								
MMIS Operational Costs - 1886014								
PROFESSIONAL SERVICES	0	0.00	0	0.00	9,542,375	0.00	0	0.00
TOTAL - EE	0	0.00	0	0.00	9,542,375	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$9,542,375	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$2,505,692	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$7,036,683	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

NDI - MMIS TMSIS

NEW DECISION ITEM

Department: Social Services
Division: MO HealthNet
DI Name: MMIS TMSIS **DI#** 1886015

Budget Unit: 90522C
HB Section: 11.620

1. AMOUNT OF REQUEST

FY 2024 Budget Request				
	GR	Federal	Other	Total
PS	0	0	0	0
EE	50,000	450,000	0	500,000
PSD	0	0	0	0
TRF	0	0	0	0
Total	50,000	450,000	0	500,000
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.				

Other Funds: N/A
 Non-Counts: N/A

FY 2024 Governor's Recommendation				
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	0	0	0	0
Total	0	0	0	0
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.				

Other Funds:
 Non-Counts:

2. THIS REQUEST CAN BE CATEGORIZED AS:

<input type="checkbox"/>	New Legislation	<input type="checkbox"/>	New Program	<input type="checkbox"/>	Fund Switch
<input checked="" type="checkbox"/>	Federal Mandate	<input checked="" type="checkbox"/>	Program Expansion	<input type="checkbox"/>	Cost to Continue
<input type="checkbox"/>	GR Pick-Up	<input type="checkbox"/>	Space Request	<input type="checkbox"/>	Equipment Replacement
<input type="checkbox"/>	Pay Plan	<input type="checkbox"/>	Other: _____		

NEW DECISION ITEM

Department: Social Services
Division: MO HealthNet
DI Name: MMIS TMSIS **DI# 1886015**

Budget Unit: 90522C
HB Section: 11.620

3. WHY IS THIS FUNDING NEEDED? PROVIDE AN EXPLANATION FOR ITEMS CHECKED IN #2. INCLUDE THE FEDERAL OR STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS PROGRAM.

CMS seeks to receive Medicaid and CHIP data on a monthly basis in a standardized format from states to support CMS efforts to meet program oversight, program administration and program integrity responsibilities. The dataset and the processes surrounding its collection are called the Transformed - Medicaid Statistical Information System (T-MSIS) data feed. The State has been implementing various system changes to achieve and maintain compliance with the T-MSIS requirements.

As the MHD continues to modernize the legacy MMIS and implement new modules, the T-MSIS requirements around compliance have become ever more important to receive system certification and qualify for the enhanced federal matching dollars for the various MMIS modules. 42 CFR 433.120, 42 USC 1396b(i)(25), and 42 CFR 438.818 allow CMS to reduce the federal match for system and medical assistance payments to managed care organizations if the State fails to report the required data.

With this new focus on T-MSIS compliance and the modernization efforts underway, it is important that the State achieve and maintain compliance going forward. This additional funding will allow the State to purchase more dedicated contractor hours to focus on remediating current and future T-MSIS requirements.

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFP fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

	GR	Fed	Other	Total
Data Warehouse PAQ Costs	30,000	270,000	-	300,000
Fiscal Agent PAQ Costs	120,000	1,080,000	-	1,200,000
Total PAQ Costs	150,000	1,350,000	-	1,500,000
Less: T-MSIS Funding in Core	(100,000)	(900,000)	-	(1,000,000)
NDI Requested	50,000	450,000	-	500,000

NEW DECISION ITEM

Department: Social Services
Division: MO HealthNet
DI Name: MMIS TMSIS **DI# 1886015**

Budget Unit: 90522C
HB Section: 11.620

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.

Budget Object Class/Job Class	Dept Req GR DOLLARS	Dept Req GR FTE	Dept Req FED DOLLARS	Dept Req FED FTE	Dept Req OTHER DOLLARS	Dept Req OTHER FTE	Dept Req TOTAL DOLLARS	Dept Req TOTAL FTE	Dept Req One-Time DOLLARS
400 - Professional Services	50,000		450,000		0		500,000		0
Total EE	50,000		450,000		0		500,000		0
Grand Total	50,000	0.0	450,000	0.0	0	0.0	500,000	0.0	0

Budget Object Class/Job Class	Gov Rec GR DOLLARS	Gov Rec GR FTE	Gov Rec FED DOLLARS	Gov Rec FED FTE	Gov Rec OTHER DOLLARS	Gov Rec OTHER FTE	Gov Rec TOTAL DOLLARS	Gov Rec TOTAL FTE	Gov Rec One-Time DOLLARS
400 - Professional Services	0		0		0		0		0
Total EE	0		0		0		0		0
Grand Total	0	0.0	0	0.0	0	0.0	0	0.0	0

NEW DECISION ITEM

Department: Social Services
Division: MO HealthNet
DI Name: MMIS TMSIS **DI# 1886015**

Budget Unit: 90522C
HB Section: 11.620

6. PERFORMANCE MEASURES (If new decision item has an associated core, separately identify projected performance with & without additional funding.)

6a. Provide an activity measure(s) for the program.

Please see the Information Systems core section for performance measures.

6b. Provide a measure(s) of the program's quality.

Please see the Information Systems core section for performance measures.

6c. Provide a measure(s) of the program's impact.

Please see the Information Systems core section for performance measures.

6d. Provide a measure(s) of the program's efficiency.

Please see the Information Systems core section for performance measures.

7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:

N/A

DECISION ITEM DETAIL

Budget Unit	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
INFORMATION SYSTEMS								
MMIS - TMSIS - 1886015								
PROFESSIONAL SERVICES	0	0.00	0	0.00	500,000	0.00	0	0.00
TOTAL - EE	0	0.00	0	0.00	500,000	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$500,000	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$50,000	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$450,000	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

NDI - MMIS – Transition and Turnover

NEW DECISION ITEM

Department: Social Services
Division: MO HealthNet
DI Name: MMIS Transition and Turnover **DI#** 1886016

Budget Unit: 90522C
HB Section: 11.620

1. AMOUNT OF REQUEST

	FY 2024 Budget Request			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	500,000	4,500,000	0	5,000,000
PSD	0	0	0	0
TRF	0	0	0	0
Total	500,000	4,500,000	0	5,000,000
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds: N/A
 Non-Counts: N/A

	FY 2024 Governor's Recommendation			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	0	0	0	0
Total	0	0	0	0
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds:
 Non-Counts:

2. THIS REQUEST CAN BE CATEGORIZED AS:

<input type="checkbox"/> New Legislation	<input type="checkbox"/> New Program	<input type="checkbox"/> Fund Switch
<input type="checkbox"/> Federal Mandate	<input checked="" type="checkbox"/> Program Expansion	<input type="checkbox"/> Cost to Continue
<input type="checkbox"/> GR Pick-Up	<input type="checkbox"/> Space Request	<input type="checkbox"/> Equipment Replacement
<input type="checkbox"/> Pay Plan	<input type="checkbox"/> Other: _____	

3. WHY IS THIS FUNDING NEEDED? PROVIDE AN EXPLANATION FOR ITEMS CHECKED IN #2. INCLUDE THE FEDERAL OR STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS PROGRAM.

As the MHD continues to modernize the legacy MMIS and implement new modules, the legacy systems and contracts will come to an end. Certain data elements and files will need to be retained for years beyond the contract end date for the legacy solution. For example, call recordings for participant enrollment need to be retained for a number of years before they can be deleted due to participant appeal rights. The amount of data to be stored and the data retention periods are unknown at this point. These records would be housed and only be accessed as needed for appeals and other litigation needs.

In order to retain these records and continue the modernization, the MHD is looking for a data storage solution to help with the transition and turnover of the data as one

NEW DECISION ITEM

Department: Social Services
 Division: MO HealthNet
 DI Name: MMIS Transition and Turnover DI# 1886016

Budget Unit: 90522C
 HB Section: 11.620

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFP fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

The MHD has estimated the costs of such data storage to be \$5,000,000 and intends to pursue the maximum allowable federal match.

	GR	Fed	Other	Total
Transition and Turnover Planning	500,000	4,500,000	-	5,000,000
NDI Requested	500,000	4,500,000	-	5,000,000

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.

Budget Object Class/Job Class	Dept Req GR DOLLARS	Dept Req GR FTE	Dept Req FED DOLLARS	Dept Req FED FTE	Dept Req OTHER DOLLARS	Dept Req OTHER FTE	Dept Req TOTAL DOLLARS	Dept Req TOTAL FTE	Dept Req One-Time DOLLARS
400 - Professional Services	500,000		4,500,000		0		5,000,000		0
Total EE	500,000		4,500,000		0		5,000,000		0
Grand Total	500,000	0.0	4,500,000	0.0	0	0.0	5,000,000	0.0	0

Budget Object Class/Job Class	Gov Rec GR DOLLARS	Gov Rec GR FTE	Gov Rec FED DOLLARS	Gov Rec FED FTE	Gov Rec OTHER DOLLARS	Gov Rec OTHER FTE	Gov Rec TOTAL DOLLARS	Gov Rec TOTAL FTE	Gov Rec One-Time DOLLARS
400 - Professional Services	0		0		0		0		0
Total EE	0		0		0		0		0
Grand Total	0	0.0	0	0.0	0	0.0	0	0.0	0

NEW DECISION ITEM

Department: Social Services
Division: MO HealthNet
DI Name: MMIS Transition and Turnover **DI# 1886016**

Budget Unit: **90522C**
HB Section: **11.620**

6. PERFORMANCE MEASURES (If new decision item has an associated core, separately identify projected performance with & without additional funding.)

6a. Provide an activity measure(s) for the program.

Please see the Information Systems core section for performance measures.

6b. Provide a measure(s) of the program's quality.

Please see the Information Systems core section for performance measures.

6c. Provide a measure(s) of the program's impact.

Please see the Information Systems core section for performance measures.

6d. Provide a measure(s) of the program's efficiency.

Please see the Information Systems core section for performance measures.

7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:

N/A

DECISION ITEM DETAIL

Budget Unit	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
INFORMATION SYSTEMS								
MMIS - Transition and Turnover - 1886016								
PROFESSIONAL SERVICES	0	0.00	0	0.00	5,000,000	0.00	0	0.00
TOTAL - EE	0	0.00	0	0.00	5,000,000	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$5,000,000	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$500,000	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$4,500,000	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

**Core – Closed Loop
Social Service
Referral Program**

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Closed-Loop Social Service Referral Platform

Budget Unit: 90509C
HB Section: 11.622

1. CORE FINANCIAL SUMMARY

FY 2024 Budget Request				
	GR	Federal	Other	Total
PS	0	0	0	0
EE	5,000,000	5,000,000	0	10,000,000
PSD	0	0	0	0
TRF	0	0	0	0
Total	5,000,000	5,000,000	0	10,000,000
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds: N/A

FY 2024 Governor's Recommendation				
	GR	Fed	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	0	0	0	0
Total	0	0	0	0
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds: N/A

2. CORE DESCRIPTION

This program will fund the acquisition of technology for a statewide closed-loop social service referral platform for addressing the social determinants of health. Social determinants of health include housing, food security, transportation, financial strain, interpersonal safety, and other factors that affect health and quality of life.

3. PROGRAM LISTING (list programs included in this core funding)

Closed-Loop Social Service Referral Platform

CORE DECISION ITEM

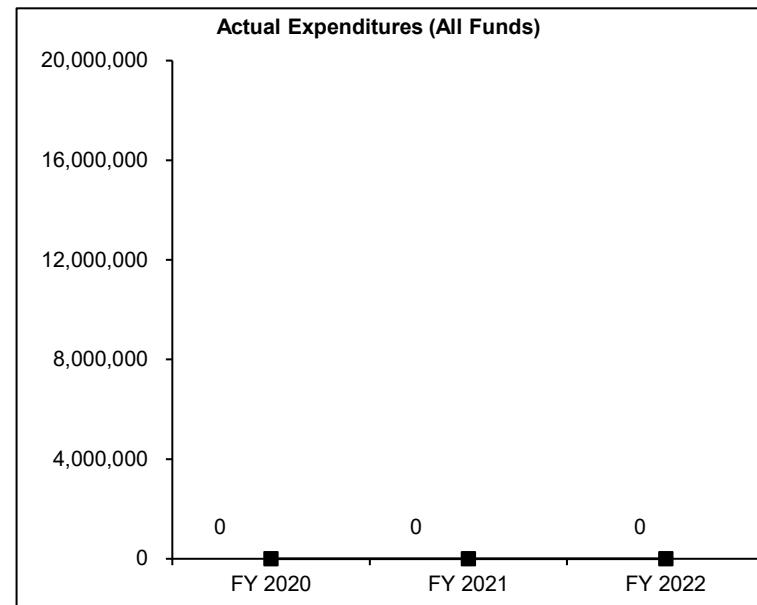
Department: Social Services
Division: MO HealthNet
Core: Closed-Loop Social Service Referral Platform

Budget Unit: 90509C

HB Section: 11.622

4. FINANCIAL HISTORY

	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Current Yr.
Appropriation (All Funds)	0	0	0	10,000,000
Less Reverted (All Funds)	0	0	0	(150,000)
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	0	0	0	9,850,000
Actual Expenditures (All Funds)	0	0	0	N/A
Unexpended (All Funds)	0	0	0	N/A
Unexpended, by Fund:				
General Revenue	0	0	0	N/A
Federal	0	0	0	N/A
Other	0	0	0	N/A
				(1)



*Current Year restricted amount is as of 9/01/2022.

Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

(1) - FY23 - HB 11.622 established.

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
SS TECH FOR HEALTH OUTCOMES**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
<hr/>							
TAFP AFTER VETOES	EE	0.00	5,000,000	5,000,000	0	10,000,000	
	Total	0.00	5,000,000	5,000,000	0	10,000,000	
<hr/>							
DEPARTMENT CORE REQUEST	EE	0.00	5,000,000	5,000,000	0	10,000,000	
	Total	0.00	5,000,000	5,000,000	0	10,000,000	
<hr/>							
GOVERNOR'S RECOMMENDED CORE	EE	0.00	5,000,000	5,000,000	0	10,000,000	
	Total	0.00	5,000,000	5,000,000	0	10,000,000	
<hr/>							

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN	
SS TECH FOR HEALTH OUTCOMES									
CORE									
EXPENSE & EQUIPMENT									
GENERAL REVENUE	0	0.00	5,000,000	0.00	5,000,000	0.00	0	0.00	
DEPT OF SOC SERV FEDERAL & OTH	0	0.00	5,000,000	0.00	5,000,000	0.00	0	0.00	
TOTAL - EE	0	0.00	10,000,000	0.00	10,000,000	0.00	0	0.00	
TOTAL	0	0.00	10,000,000	0.00	10,000,000	0.00	0	0.00	
GRAND TOTAL	\$0	0.00	\$10,000,000	0.00	\$10,000,000	0.00	\$0	0.00	

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DECISION ITEM DETAIL

Budget Unit	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
SS TECH FOR HEALTH OUTCOMES								
CORE								
PROFESSIONAL SERVICES	0	0.00	10,000,000	0.00	10,000,000	0.00	0	0.00
TOTAL - EE	0	0.00	10,000,000	0.00	10,000,000	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$10,000,000	0.00	\$10,000,000	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$5,000,000	0.00	\$5,000,000	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$5,000,000	0.00	\$5,000,000	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.622

Program Name: Closed-Loop Social Service Referral Program

Program is found in the following core budget(s): Closed-Loop Social Service Referral Platform

1a. What strategic priority does this program address?

Program for acquiring a statewide closed-loop social service referral platform.

1b. What does this program do?

This program will acquire technology for a statewide closed-loop social service referral platform for addressing the social determinants of health. Social determinants of health include housing, food security, transportation, financial strain, interpersonal safety, and other factors that affect health and quality of life.

The platform shall:

- Share information securely and be consistent with all applicable federal and state laws regarding individual consent, personal health information, consumer-directed privacy with a per-referral consent model, public records, and data security
- Provide support and be made available statewide, at minimum, to community-based organizations, state agencies, hospital systems, county programs, and safety net healthcare providers
- Provide for public-facing search and navigation; identify social care needs through embedded screening
- Coordinate social care referrals and interventions through closed-loop referrals which include not only if the referral occurred but the outcome of the referral; track and measure the outcomes of referrals
- Provide interoperability and connectivity with existing technology platforms that comply with national standards, including, but not limited to, electronic health record systems, nonprofit systems of record, and trusted health information exchanges; not require exclusivity contracts with any participating entity
- Create a longitudinal view of a client's social care opportunities, the social care needs identified for this client, the social care services that this client has been connected to, and the outcomes of these social care interventions over time
- Include a community engagement team to help identify community-based organizations, and supply ongoing support for onboarding and training for these organizations

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.622

Program Name: Closed-Loop Social Service Referral Program

Program is found in the following core budget(s): Closed-Loop Social Service Referral Platform

2a. Provide an activity measure for the program.

This is a new program and MHD will have updated measures once data is available.

2b. Provide a measure of the program's quality.

This is a new program and MHD will have updated measures once data is available.

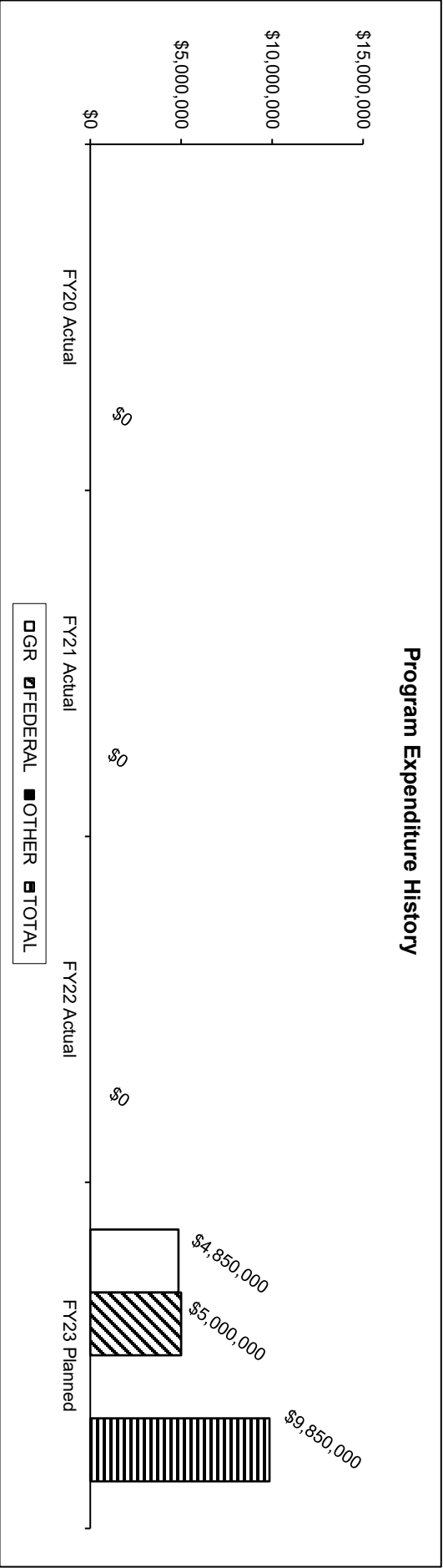
2c. Provide a measure of the program's impact.

This is a new program and MHD will have updated measures once data is available.

2d. Provide a measure of the program's efficiency.

This is a new program and MHD will have updated measures once data is available.

3. Provide actual expenditures for the prior three fiscal years; planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



Appropriation established in FY2023. Planned FY2023 expenditures are net of reverted.

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.622

Program Name: Closed-Loop Social Service Referral Program

Program is found in the following core budget(s): Closed-Loop Social Service Referral Platform

4. What are the sources of the "Other " funds?

N/A

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

N/A

6. Are there federal matching requirements? If yes, please explain.

Program Expenditures earn a 50% match.

7. Is this a federally mandated program? If yes, please explain.

No

Core - Electronic Health Records Incentives

CORE DECISION ITEM

Department: Social Services
 Division: MO HealthNet
 Core: Electronic Health Records Incentives

Budget Unit: 90523C
 HB Section: 11.625

1. CORE FINANCIAL SUMMARY

FY 2024 Budget Request				
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	0	0	0	0
Total	0	0	0	0
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds: N/A

FY 2024 Governor's Recommendation				
	GR	Fed	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	0	0	0	0
Total	0	0	0	0
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds: N/A

2. CORE DESCRIPTION

This core request is for funding of the MO HealthNet Electronic Health Record (EHR) Incentive Program, which provides incentive payments to eligible professionals and eligible hospitals that adopt, implement, upgrade, and meaningfully use certified EHR technology.

3. PROGRAM LISTING (list programs included in this core funding)

Electronic Health Records Incentives

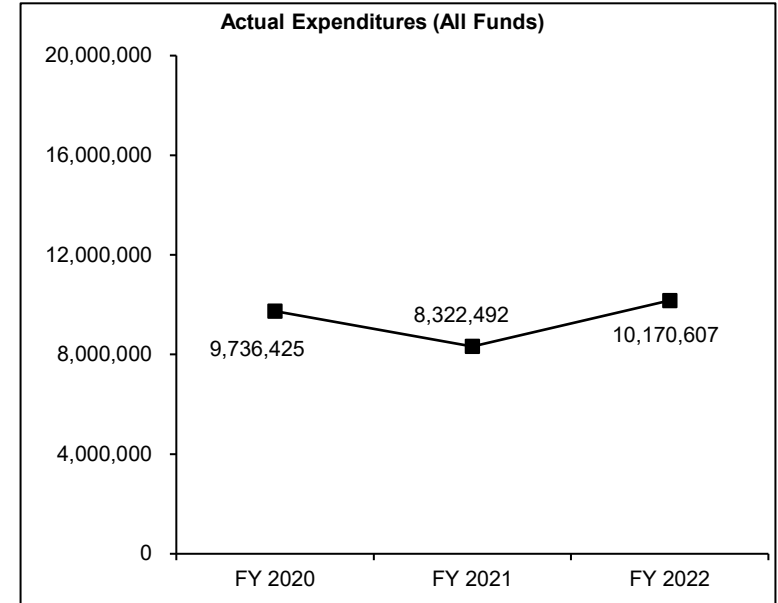
CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Electronic Health Records Incentives

Budget Unit: 90523C
HB Section: 11.625

4. FINANCIAL HISTORY

	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Current Yr.
Appropriation (All Funds)	28,000,000	28,000,000	28,000,000	3,000,000
Less Reverted (All Funds)	0	0	0	0
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	28,000,000	28,000,000	28,000,000	3,000,000
Actual Expenditures (All Funds)	9,736,425	8,322,492	10,170,607	N/A
Unexpended (All Funds)	18,263,575	19,677,508	17,829,393	N/A
Unexpended, by Fund:				
General Revenue	0	0	0	N/A
Federal	18,263,575	19,677,508	17,829,393	N/A
Other	0	0	0	N/A
				(1)



*Current Year restricted amount is as of 9/01/2022.

Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

(1) - FY23 - Core Reduction \$25,000,000 due to program ending.

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
ELECTRONIC HLTH RECORDS INCNTV**

5. CORE RECONCILIATION DETAIL

				Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES										
				EE	0.00	0	1,509,200	0	1,509,200	
				PD	0.00	0	1,490,800	0	1,490,800	
				Total	0.00	0	3,000,000	0	3,000,000	
DEPARTMENT CORE ADJUSTMENTS										
Core Reduction	673	7962		EE	0.00	0	(1,509,200)	0	(1,509,200)	Reduction due to program end.
Core Reduction	673	7962		PD	0.00	0	(1,490,800)	0	(1,490,800)	Reduction due to program end.
NET DEPARTMENT CHANGES					0.00	0	(3,000,000)	0	(3,000,000)	
DEPARTMENT CORE REQUEST										
				EE	0.00	0	0	0	0	
				PD	0.00	0	0	0	0	
				Total	0.00	0	0	0	0	
GOVERNOR'S RECOMMENDED CORE										
				EE	0.00	0	0	0	0	
				PD	0.00	0	0	0	0	
				Total	0.00	0	0	0	0	

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
ELECTRONIC HLTH RECORDS INCNTV								
CORE								
EXPENSE & EQUIPMENT								
FEDERAL STIMULUS-DSS	9,173,273	0.00	1,509,200	0.00	0	0.00	0	0.00
TOTAL - EE	9,173,273	0.00	1,509,200	0.00	0	0.00	0	0.00
PROGRAM-SPECIFIC								
FEDERAL STIMULUS-DSS	997,334	0.00	1,490,800	0.00	0	0.00	0	0.00
TOTAL - PD	997,334	0.00	1,490,800	0.00	0	0.00	0	0.00
TOTAL	10,170,607	0.00	3,000,000	0.00	0	0.00	0	0.00
GRAND TOTAL	\$10,170,607	0.00	\$3,000,000	0.00	\$0	0.00	\$0	0.00

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DECISION ITEM DETAIL

Budget Unit	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
ELECTRONIC HLTH RECORDS INCNTV								
CORE								
TRAVEL, IN-STATE	0	0.00	2,000	0.00	0	0.00	0	0.00
TRAVEL, OUT-OF-STATE	0	0.00	7,000	0.00	0	0.00	0	0.00
PROFESSIONAL DEVELOPMENT	0	0.00	200	0.00	0	0.00	0	0.00
PROFESSIONAL SERVICES	9,172,322	0.00	1,500,000	0.00	0	0.00	0	0.00
M&R SERVICES	951	0.00	0	0.00	0	0.00	0	0.00
TOTAL - EE	9,173,273	0.00	1,509,200	0.00	0	0.00	0	0.00
PROGRAM DISTRIBUTIONS	997,334	0.00	1,490,800	0.00	0	0.00	0	0.00
TOTAL - PD	997,334	0.00	1,490,800	0.00	0	0.00	0	0.00
GRAND TOTAL	\$10,170,607	0.00	\$3,000,000	0.00	\$0	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00		0.00
FEDERAL FUNDS	\$10,170,607	0.00	\$3,000,000	0.00	\$0	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.625

Program Name: Electronic Health Records (EHR) Incentives

Program is found in the following core budget(s): Electronic Health Records Incentives

1a. What strategic priority does this program address?

Encourage provider use of Electronic Health Records (EHR) to transform Medicaid.

1b. What does this program do?

This program provides incentives to certain Medicaid providers for the purchase and use of certified EHR systems to promote interoperability and facilitate the exchange of electronic health information. Incentive payments are intended to offset the cost of implementing EHR systems.

Payments are spread over three years for hospitals and six years for professionals, including physicians, dentists, nurse practitioners, certified nurse midwives, and physician assistants. On average, hospitals that participate all three years receive \$1.5 million total, distributed in three payments with 50% paid in the first year, 35% in the second and 15% in the third. Professionals can receive up to \$63,750 total, if they participate for six years, which is the maximum number of years allowed. In order to receive each additional payment, providers are required to demonstrate meaningful use (MU) of the systems by reporting on specific measures. Examples of MU include submitting data to public health registries, providing patients with electronic access to their records and secure electronic messaging, and sending a summary of care record for patients that transition to another setting.

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.625

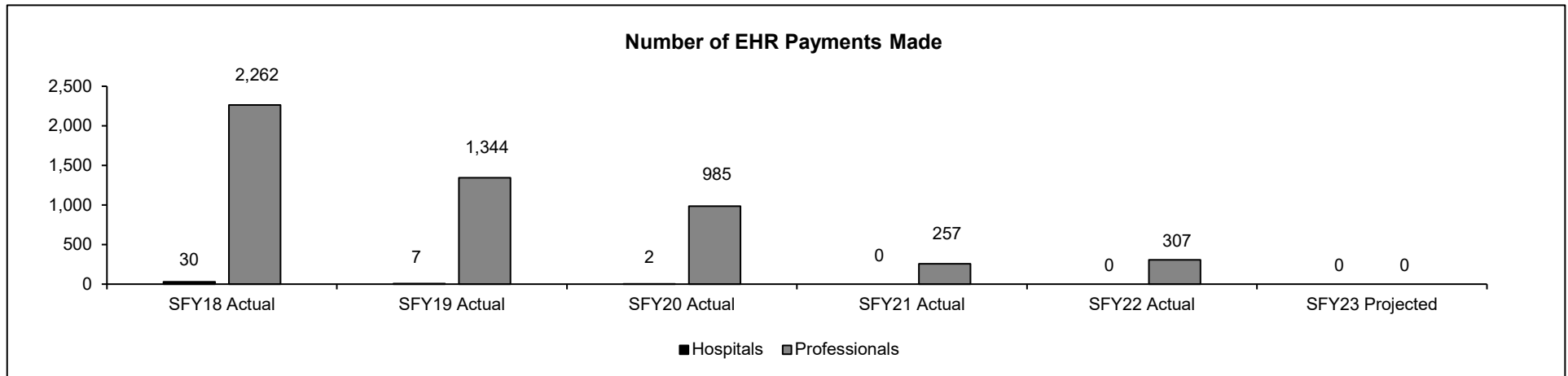
Program Name: Electronic Health Records (EHR) Incentives

Program is found in the following core budget(s): Electronic Health Records Incentives

2a. Provide an activity measure for the program.

In SFY20, two incentive payments were made to hospitals in the amount of \$166,146 and 985 incentive payments were made to professionals in the amount of \$8.33 million. This was the last time payments were made to hospitals under the EHR Incentive Program.

The EHR Incentive Program has always been time-limited by federal law; therefore, Missouri was required to complete all incentive payments by December 31, 2021. The program is organized into program years and due to the deadline, two program years' payments were made in SFY22, for a total of 307 payments. This includes 206 incentive payments in the amount of \$1,736,835 for Program Year 2020 and 101 payments in the amount of \$852,834 for Program Year 2021. Starting in SFY19, participation in the program had declined because of more stringent requirements of meaningful use (MU). No additional payments will be made in SFY24 or beyond as the program has been discontinued in accordance with federal law.



Note: Starting in SFY21, hospitals are no longer included in the program. No additional payments will be made in SFY24 or beyond as the program has been discontinued in accordance with federal law.

PROGRAM DESCRIPTION

Department: Social Services

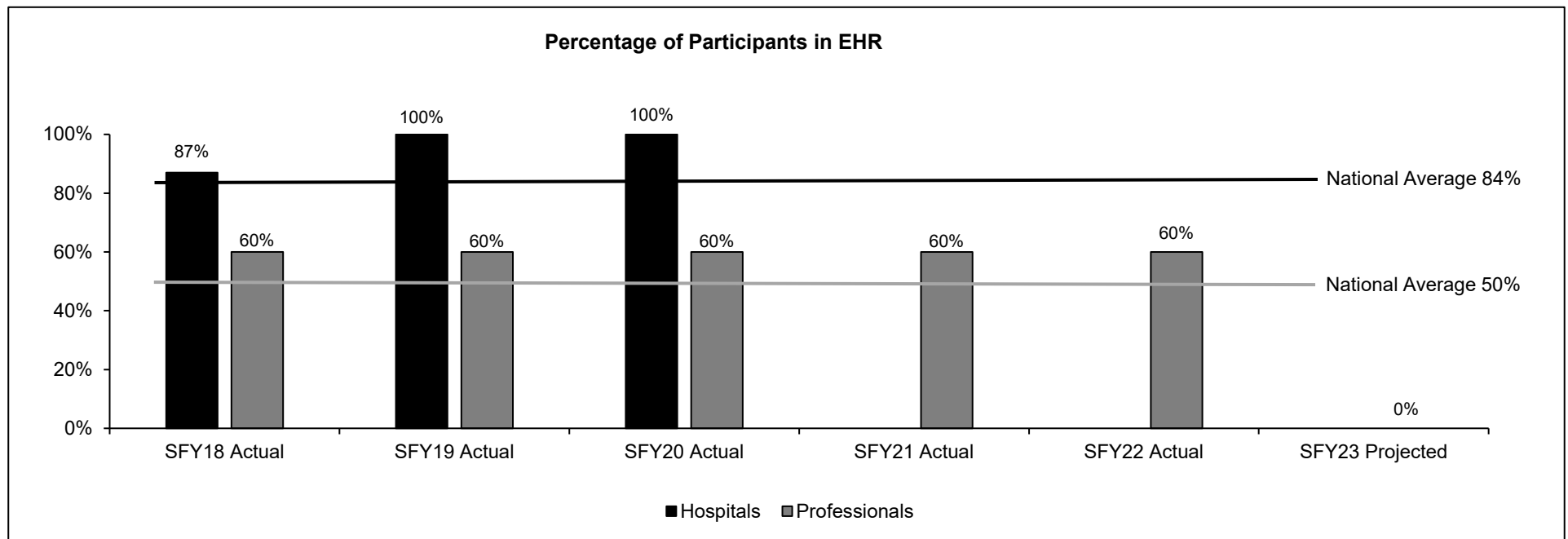
HB Section(s): 11.625

Program Name: Electronic Health Records (EHR) Incentives

Program is found in the following core budget(s): Electronic Health Records Incentives

2b. Provide a measure of the program's quality.

Among participants in the program in SFY20 and beyond, 60% of eligible professionals and 100% of eligible hospitals that participated in the program have met meaningful use (MU) requirements. The national average for professionals is 50%, the national average for hospitals is 84%.



Starting in SFY21, hospitals are no longer included in the program. No additional payments will be made in SFY24 or beyond as the program has been discontinued in accordance with federal law.

PROGRAM DESCRIPTION

Department: Social Services

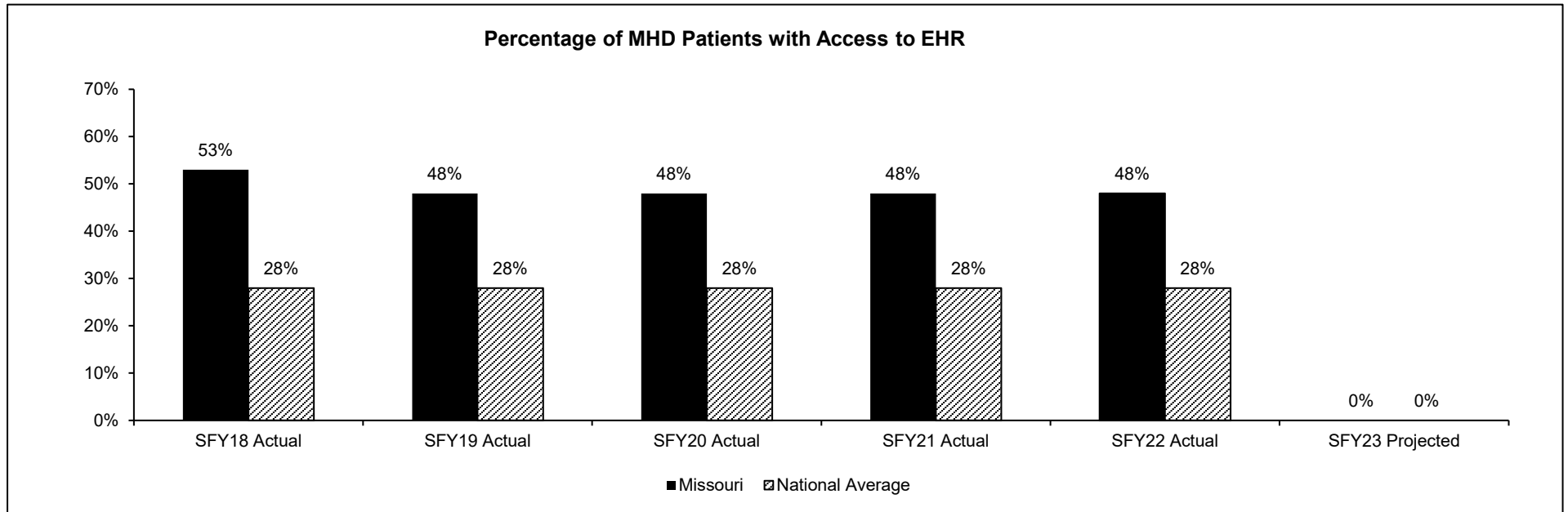
HB Section(s): 11.625

Program Name: Electronic Health Records (EHR) Incentives

Program is found in the following core budget(s): Electronic Health Records Incentives

2c. Provide a measure of the program's impact.

Compared to other states, a recent analysis prepared by the Centers for Medicare & Medicaid Services (CMS) shows that Missouri has a higher ratio of beneficiaries to the Health Information Technology for Economic and Clinical Health Act (HITECH) participants, Title XIII and Title IV of Section 4201 of the American Recovery and Reinvestment Act of 2009 (ARRA)), which translates to greater access to practices using EHR systems. On average, in Missouri, each practice that uses certified EHRs to improve care is available to 48% of Missouri Medicaid patients, compared to the national average of only 28% of patients per practice with an EHR system.



No additional payments will be made in SFY24 or beyond as the program has been discontinued in accordance with federal law.

PROGRAM DESCRIPTION

Department: Social Services

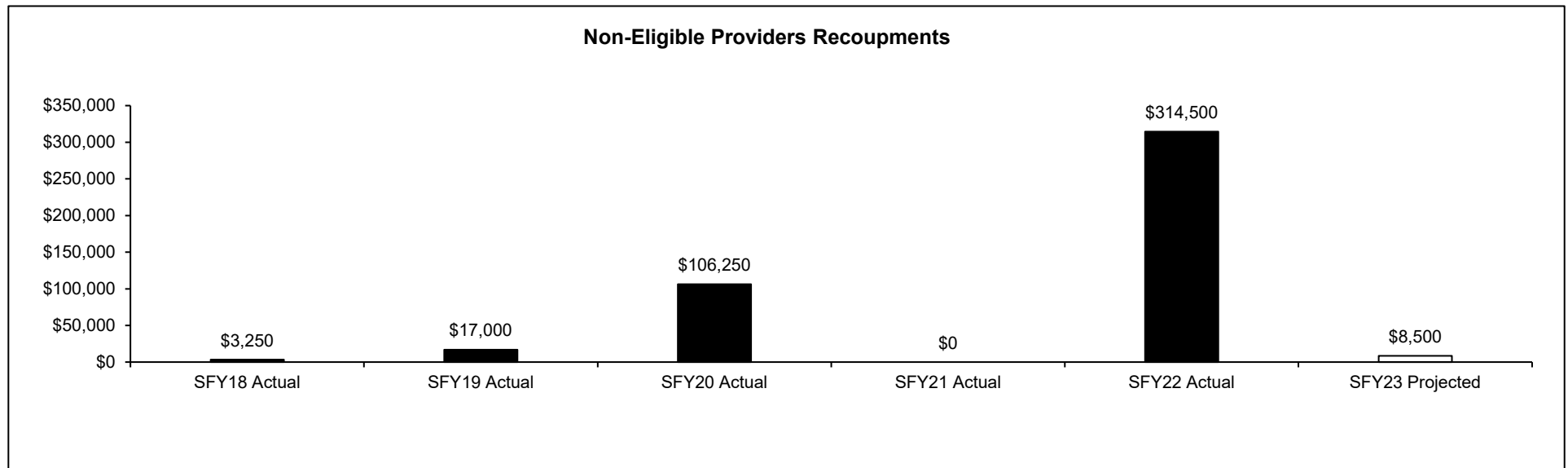
HB Section(s): 11.625

Program Name: Electronic Health Records (EHR) Incentives

Program is found in the following core budget(s): Electronic Health Records Incentives

2d. Provide a measure of the program's efficiency.

On average, for the first six program years, post payment audits have identified two professionals per year that did not qualify for the program (actual counts ranged from 1 – 6). This demonstrates that pre-payment validation processes are effective and payments to providers not eligible occur in less than 1% of applications. To date, payments for all providers identified as ineligible were subsequently recouped. Post payment reviews often lag behind program year payments by 2-3 years, and recoupments collected in a particular year are associated with prior years. Post-payment audits are conducted by an external auditor and approved by MHD and MMAC leaders. In SFY19, two recoupments totaling \$17,000 were recommended and approved. In SFY20, three program years were audited, with negative findings for providers issued for two program years. The EHR Incentive Program payments range from \$21,250 in Year One to \$8,500 in Years Two through Six. During SFY20, one Year One payment was recouped at \$21,250 and ten providers at \$85,000 were recouped, for a total of \$106,250. No recoupments were made in SFY21. In SFY22, two Program Years' worth of recoupments were secured, in the amount of \$314,500. The majority of this amount was attributed to a miscalculated Medicaid Volume from a single provider group. No negative findings were found for Program Year 2019. Audits are currently underway for Program Years 2020 and 2021.



Due to lower participation in the EHR Incentive Program in its latter years, lower recoupments are predicted. SFY23 projections are possible for this item since post-payment audits will continue into SFY23.

PROGRAM DESCRIPTION

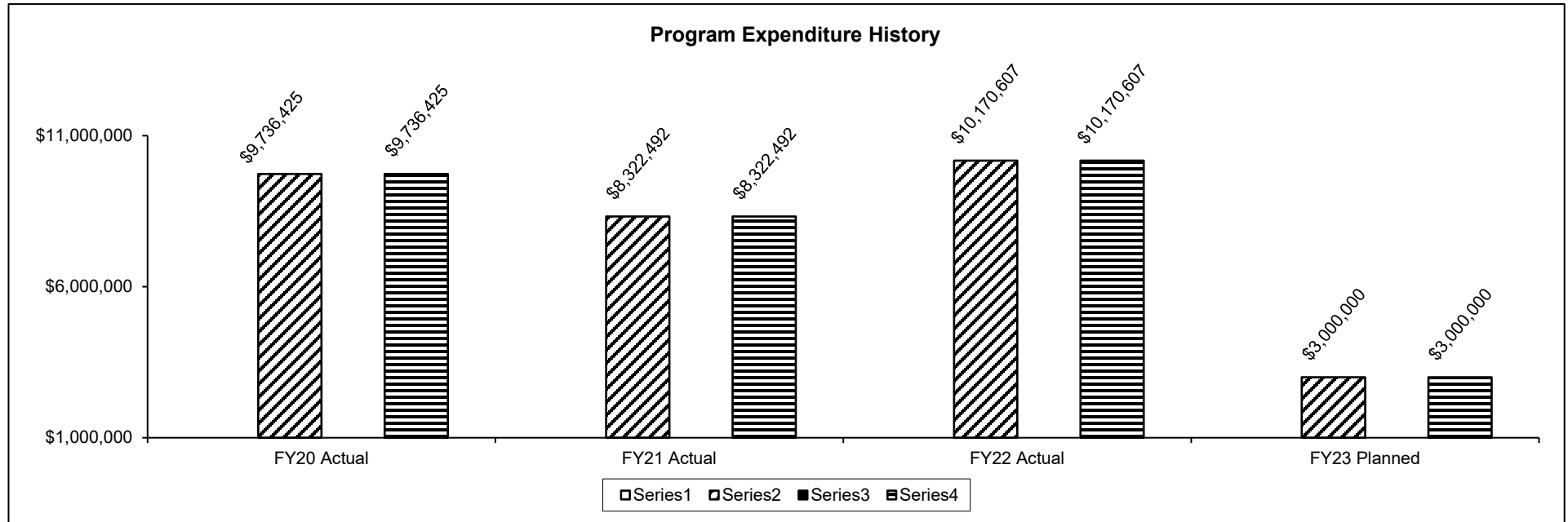
Department: Social Services

HB Section(s): 11.625

Program Name: Electronic Health Records (EHR) Incentives

Program is found in the following core budget(s): Electronic Health Records Incentives

3. Provide actual expenditures for the prior three fiscal years; planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



4. What are the sources of the "Other " funds?

N/A

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

Federal law: ARRA Section 4201. Federal Regulation: 42 CFR Parts 412, 413, 422 and 495.

6. Are there federal matching requirements? If yes, please explain.

Administrative costs earn 90% federal match and require a 10% state match.

7. Is this a federally mandated program? If yes, please explain.

No.

Core - HITECH

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: HITECH

Budget Unit: 90530C
HB Section: 11.630

1. CORE FINANCIAL SUMMARY

FY 2024 Budget Request				
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	0	0	0	0
Total	0	0	0	0
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds: N/A

FY 2024 Governor's Recommendation				
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	0	0	0	0
Total	0	0	0	0
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds:

2. CORE DESCRIPTION

The Health Information Technology for Economic and Clinical Health Act (HITECH) is for expenditures related to connecting eligible Medicaid providers under the Medicaid Electronic Health Record (EHR) Incentive Program to other MO HealthNet providers through a health information exchange (HIE) or other interoperable system, or the costs of other activities that promote providers' use of EHR or HIE. House bill 11 language also requires that no single vendor can be awarded an exclusive contract to provide said services. Funding for this program has ended and the program has been core reduced to \$0.

3. PROGRAM LISTING (list programs included in this core funding)

Health Information Technology for Economic and Clinical Health Act (HITECH)

CORE DECISION ITEM

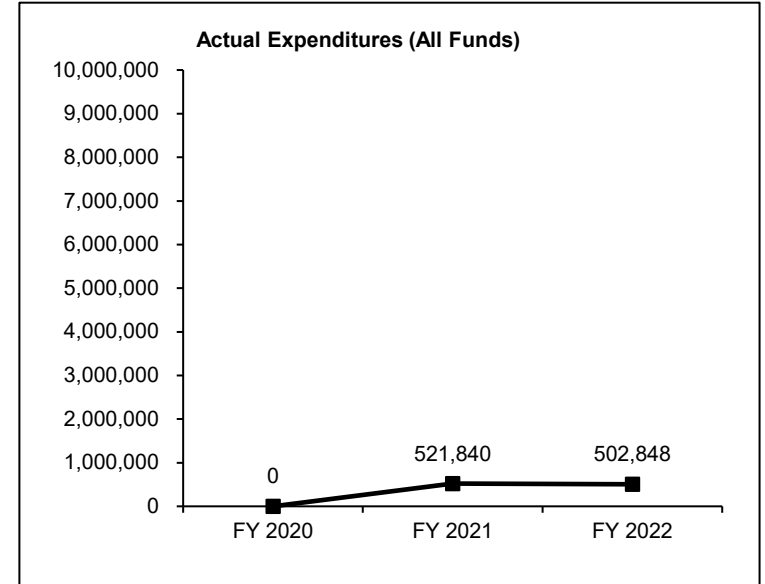
Department: Social Services
Division: MO HealthNet
Core: HITECH

Budget Unit: 90530C

HB Section: 11.630

4. FINANCIAL HISTORY

	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Current Yr.
Appropriation (All Funds)	10,000,000	10,000,000	10,000,000	10,000,000
Less Reverted (All Funds)	(30,000)	(30,000)	(30,000)	(30,000)
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	9,970,000	9,970,000	9,970,000	9,970,000
Actual Expenditures (All Funds)	0	521,840	502,848	N/A
Unexpended (All Funds)	9,970,000	9,448,160	9,467,152	N/A
Unexpended, by Fund:				
General Revenue	970,000	448,160	467,152	N/A
Federal	9,000,000	9,000,000	9,000,000	N/A
Other	0	0	0	N/A



*Current Year restricted amount is as of 9/01/2022.

Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES

HITECH

5. CORE RECONCILIATION DETAIL

				Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES										
				PD	0.00	1,000,000	9,000,000	0	10,000,000	
				Total	0.00	1,000,000	9,000,000	0	10,000,000	
DEPARTMENT CORE ADJUSTMENTS										
Core Reduction	674	5593	PD	0.00		0	(9,000,000)	0	(9,000,000)	Reduction due to program end.
Core Reduction	674	5592	PD	0.00		(1,000,000)	0	0	(1,000,000)	Reduction due to program end.
NET DEPARTMENT CHANGES					0.00	(1,000,000)	(9,000,000)	0	(10,000,000)	
DEPARTMENT CORE REQUEST										
				PD	0.00	0	0	0	0	
				Total	0.00	0	0	0	0	
GOVERNOR'S RECOMMENDED CORE										
				PD	0.00	0	0	0	0	
				Total	0.00	0	0	0	0	

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN	
HITECH									
CORE									
EXPENSE & EQUIPMENT									
GENERAL REVENUE	502,848	0.00	0	0.00	0	0.00	0	0.00	
TOTAL - EE	502,848	0.00	0	0.00	0	0.00	0	0.00	
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	1,000,000	0.00	0	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	0	0.00	9,000,000	0.00	0	0.00	0	0.00	
TOTAL - PD	0	0.00	10,000,000	0.00	0	0.00	0	0.00	
TOTAL	502,848	0.00	10,000,000	0.00	0	0.00	0	0.00	
GRAND TOTAL	\$502,848	0.00	\$10,000,000	0.00	\$0	0.00	\$0	0.00	

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DECISION ITEM DETAIL

Budget Unit	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
HITECH								
CORE								
PROFESSIONAL SERVICES	502,848	0.00	0	0.00	0	0.00	0	0.00
TOTAL - EE	502,848	0.00	0	0.00	0	0.00	0	0.00
PROGRAM DISTRIBUTIONS	0	0.00	10,000,000	0.00	0	0.00	0	0.00
TOTAL - PD	0	0.00	10,000,000	0.00	0	0.00	0	0.00
GRAND TOTAL	\$502,848	0.00	\$10,000,000	0.00	\$0	0.00	\$0	0.00
GENERAL REVENUE	\$502,848	0.00	\$1,000,000	0.00	\$0	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$9,000,000	0.00	\$0	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.630

Program Name: HITECH

Program is found in the following core budget(s): HITECH

1a. What strategic priority does this program address?

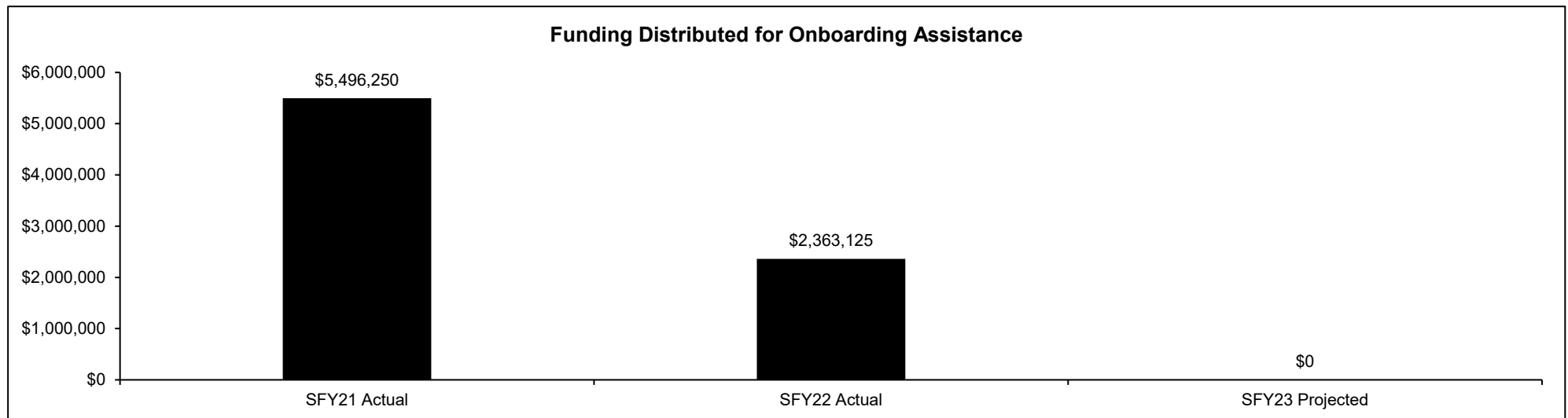
Connecting Electronic Health Record Providers

1b. What does this program do?

The Health Information Technology for Economic and Clinical Health Act (HITECH) is for expenditures related to connecting eligible Medicaid providers under the Medicaid Electronic Health Record (EHR) Incentive Program to other MO HealthNet providers through a health information exchange (HIE), another interoperable system, or the costs of other activities that promote providers' use of EHR or HIE. House Bill 11 language also requires that no single vendor can be awarded an exclusive contract to provide said services. The HITECH Act required that all program activities be completed by no later than September 30, 2021, including payments to contractors. Therefore, this program description is for one-time funding for a project that was successfully launched and completed in SFY21 and SFY22, called the Health Information Exchange (HIE) Onboarding Program. The funding was used to subsidize connections between Medicaid providers and the Health Information Network (HIN) of their choice. Onboarding each organization takes many months. Funding was distributed to the HINs based on when each deliverable was invoiced, shown by SFY of the pay-out.

2a. Provide an activity measure(s) for the program.

The HIE Onboarding Program assisted 87 Medicaid provider organizations, such as hospitals, clinics, and long-term care facilities, to get connected to the HIN of their choice. A total of \$7,859,375 was distributed during SFY21 and SFY22.



No SFY23 projection is provided because HITECH funds expired on September 30, 2021.

PROGRAM DESCRIPTION

Department: Social Services

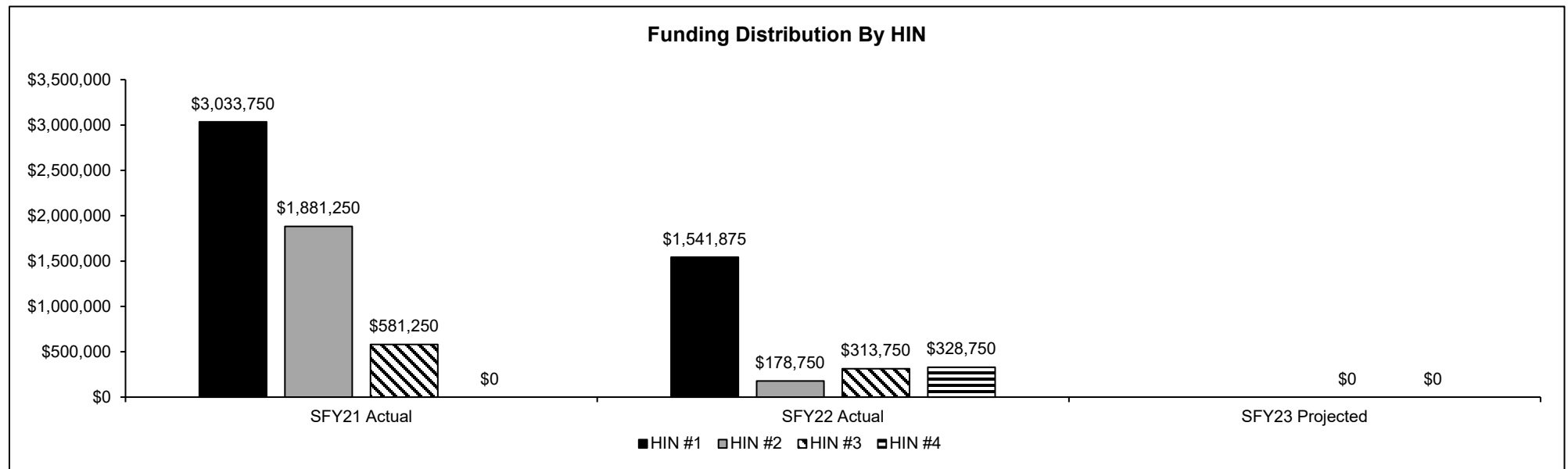
HB Section(s): 11.630

Program Name: HITECH

Program is found in the following core budget(s): HITECH

2b. Provide a measure(s) of the program's quality.

The budget language for the HIE Onboarding Program specifically required MO HealthNet to ensure the funding was not distributed to only one HIN. MO HealthNet established a Qualified Vendor List (QVL) contract with all four of Missouri's HINs in order to comply with this requirement. Through the QVL HIN Services Contract, all



No SFY23 projection is provided because HITECH funds expired on September 30, 2021.

PROGRAM DESCRIPTION

Department: Social Services

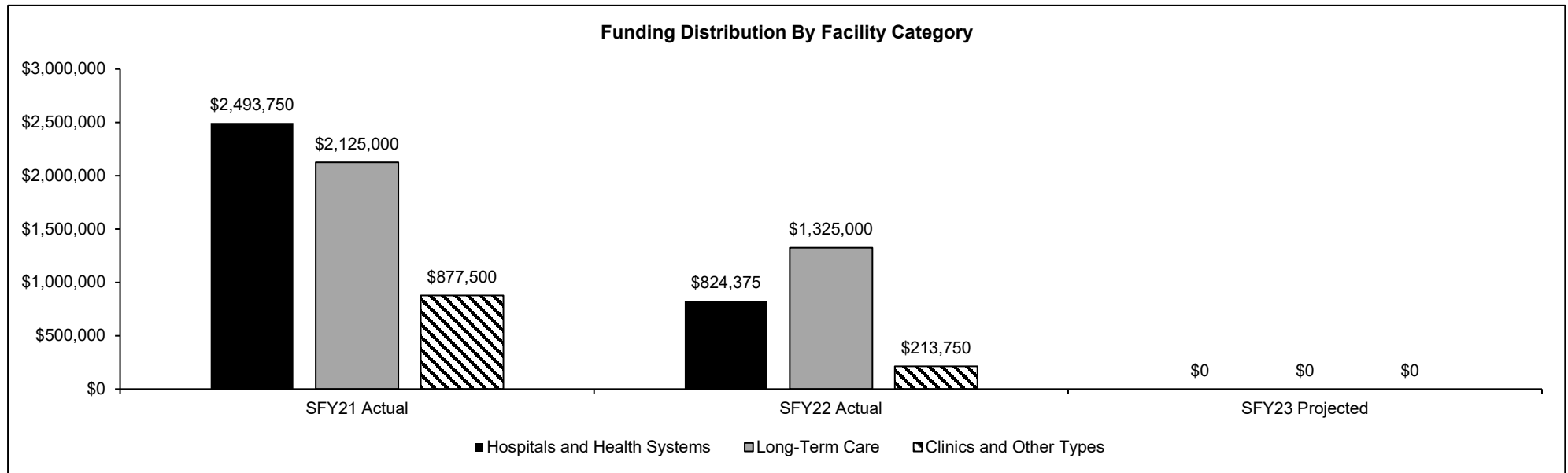
HB Section(s): 11.630

Program Name: HITECH

Program is found in the following core budget(s): HITECH

2c. Provide a measure(s) of the program's impact.

The HIE Onboarding Program funding was designed to be used by a wide variety of Medicaid providers. A fee schedule was established to reflect costs associated with creating and maintaining interfaces for bi-directional data exchange, an outbound data feed of Admit-Discharge-Transfer data, and accommodations for user volume. User volume was gauged differently by facility category; hospitals and long-term care facility volume was based on the number of staffed or licensed beds while clinic volume was based on the number of prescribing providers that would be using the HIN's services. Out of the 87 provider organizations that participated in the HIE Onboarding Program, 45 were in the Clinic and Other Settings category, however, the least amount of funding was distributed to these organizations because they are generally more cost-effective to onboard. Inpatient settings such as hospitals and long-term care facilities are more expensive to onboard, which is reflected in the dollars distributed to these organization types.



No SFY23 projection is provided because HITECH funds expired on September 30, 2021.

PROGRAM DESCRIPTION

Department: Social Services

Program Name: HITECH

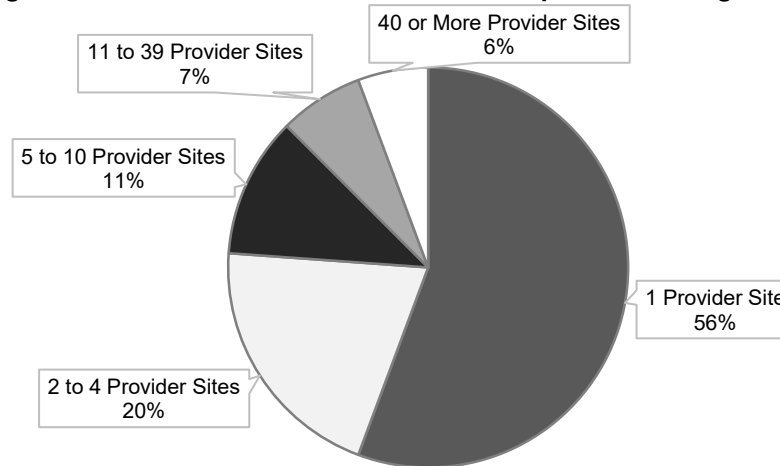
Program is found in the following core budget(s): HITECH

HB Section(s): 11.630

2d. Provide a measure(s) of the program's efficiency.

MO HealthNet required the HINs to be as efficient as possible in the HIE Onboarding Program. Many hospitals and clinics have multiple sites that all use the same instance of EHR software. The HINs were required to ensure they were requesting funding based on an instance of an EHR, rather than requesting funding for individual hospital plus multiple clinic locations. The alternative would not have been interoperable and would have been a poor use of state and federal onboarding funding. As a result of this requirement, among the 87 organizations that participated in the program, 546 provider sites or locations were onboarded. The number of provider locations onboarded per interface ranged from 1 to 71, reflecting the range of different Medicaid providers that participated in the program. This efficiency allowed MO HealthNet to support a wide range of Medicaid providers - from small clinics with less than 10 prescribing providers to large health systems, with dozens of hospital and clinic locations. Nearly half of Onboarding Program participants only onboarded one location as part of the project, typically because they only had one location on the instance of an EHR. However, 44% of participants connected more than one location. The 11 organizations that onboarded more than 11 locations under each interface accounted for 395 individual provider locations, which is an incredibly efficient use of funding to onboard providers to a HIN.

Percentage of HIN's with One or More Provider Sites per Onboarding Program Interface



Note: Organizations that have additional provider sites with the ability to share the same Onboarding Program Interface allows MO HealthNet to more efficiently support every site.

PROGRAM DESCRIPTION

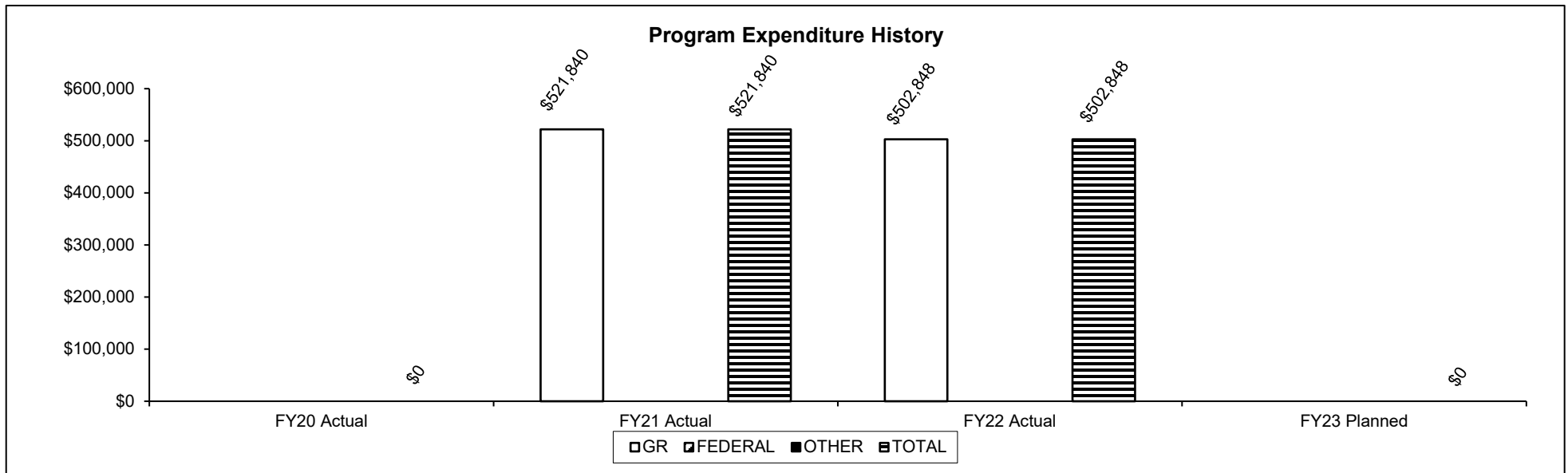
Department: Social Services

HB Section(s): 11.630

Program Name: HITECH

Program is found in the following core budget(s): HITECH

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



Program has ended and MHD does not anticipate and FY2023 expenditures.

4. What are the sources of the "Other " funds?

N/A

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

N/A

6. Are there federal matching requirements? If yes, please explain.

Expenditures earn a 90% federal match and require a 10% state share.

7. Is this a federally mandated program? If yes, please explain.

No.

Core – Health Data Utility

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Health Data Utility

Budget Unit: 90605C
HB Section: 11.633

1. CORE FINANCIAL SUMMARY

FY 2024 Budget Request				
	GR	Federal	Other	Total
PS	0	0	0	0
EE	5,000,000	45,000,000	0	50,000,000
PSD	0	0	0	0
TRF	0	0	0	0
Total	5,000,000	45,000,000	0	50,000,000
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds: N/A

FY 2024 Governor's Recommendation				
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	0	0	0	0
Total	0	0	0	0
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds:

2. CORE DESCRIPTION

This core request supports the transformation of any or all of the state's existing Health Information Exchanges (HIE's) into a Health Data Utility. This transformation occurs by providing funds to enhance the existing HIE infrastructure for the purpose of data analysis focused on supporting MO HealthNet.

3. PROGRAM LISTING (list programs included in this core funding)

Health Data Utility

CORE DECISION ITEM

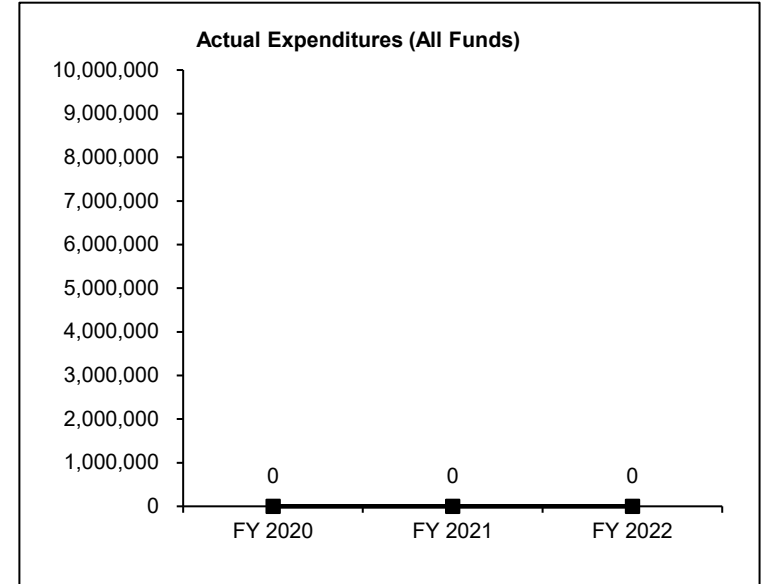
Department: Social Services
Division: MO HealthNet
Core: Health Data Utility

Budget Unit: 90605C

HB Section: 11.633

4. FINANCIAL HISTORY

	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Current Yr.
Appropriation (All Funds)	0	0	0	50,000,000
Less Reverted (All Funds)	0	0	0	(150,000)
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	0	0	0	49,850,000
Actual Expenditures (All Funds)	0	0	0	N/A
Unexpended (All Funds)	0	0	0	N/A
Unexpended, by Fund:				
General Revenue	0	0	0	N/A
Federal	0	0	0	N/A
Other	0	0	0	N/A
				(1)



*Current Year restricted amount is as of 9/01/2022.

Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

(1) FY23 - HB 11.633 established

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
HEALTH DATA UTILITY**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES	EE	0.00	5,000,000	45,000,000	0	50,000,000	
	Total	0.00	5,000,000	45,000,000	0	50,000,000	
DEPARTMENT CORE REQUEST	EE	0.00	5,000,000	45,000,000	0	50,000,000	
	Total	0.00	5,000,000	45,000,000	0	50,000,000	
GOVERNOR'S RECOMMENDED CORE	EE	0.00	5,000,000	45,000,000	0	50,000,000	
	Total	0.00	5,000,000	45,000,000	0	50,000,000	

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN	
HEALTH DATA UTILITY									
CORE									
EXPENSE & EQUIPMENT									
GENERAL REVENUE	0	0.00	5,000,000	0.00	5,000,000	0.00	0	0.00	
DEPT OF SOC SERV FEDERAL & OTH	0	0.00	45,000,000	0.00	45,000,000	0.00	0	0.00	
TOTAL - EE	0	0.00	50,000,000	0.00	50,000,000	0.00	0	0.00	
TOTAL	0	0.00	50,000,000	0.00	50,000,000	0.00	0	0.00	
GRAND TOTAL	\$0	0.00	\$50,000,000	0.00	\$50,000,000	0.00	\$0	0.00	

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DECISION ITEM DETAIL

Budget Unit	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
HEALTH DATA UTILITY								
CORE								
PROFESSIONAL SERVICES	0	0.00	50,000,000	0.00	50,000,000	0.00	0	0.00
TOTAL - EE	0	0.00	50,000,000	0.00	50,000,000	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$50,000,000	0.00	\$50,000,000	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$5,000,000	0.00	\$5,000,000	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$45,000,000	0.00	\$45,000,000	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.633

Program Name: Health Data Utility

Program is found in the following core budget(s): Health Data Utility

1a. What strategic priority does this program address?

Improving health information technology to improve Medicaid.

1b. What does this program do?

This program will enhance Missouri's existing Health Information Exchange (HIE) infrastructure to support data analysis at MO HealthNet and across the Missouri Medicaid Enterprise through the creation of a Health Data Utility. Data will be used to enhance care delivery and system efficiency within MO HealthNet, and improve care delivery and health outcomes in underserved communities. All HIEs shall be required to maintain strict compliance with all patient privacy protections under HIPAA and other applicable state and federal laws.

2a. Provide an activity measure(s) for the program.

This is a new program and MHD will have updated measures once data is available.

2b. Provide a measure(s) of the program's quality.

This is a new program and MHD will have updated measures once data is available.

2c. Provide a measure(s) of the program's impact.

This is a new program and MHD will have updated measures once data is available.

2d. Provide a measure(s) of the program's efficiency.

This is a new program and MHD will have updated measures once data is available.

PROGRAM DESCRIPTION

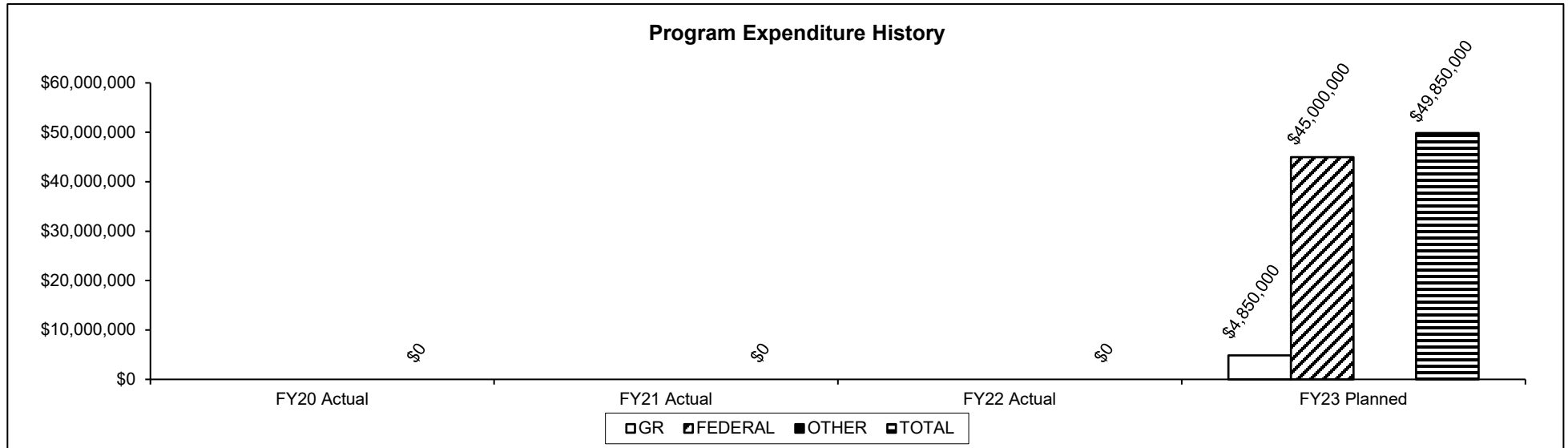
Department: Social Services

HB Section(s): 11.633

Program Name: Health Data Utility

Program is found in the following core budget(s): Health Data Utility

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



Appropriation was established in FY2023. Planned FY2023 expenditures are net of reverted.

4. What are the sources of the "Other " funds?

N/A

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

N/A

6. Are there federal matching requirements? If yes, please explain.

Expenditures for MMIS operations have three different federal financial participation (FFP) rates. The majority of MMIS expenditures earn 75% FFP and require 25% state share. Functions earning 75% include MMIS base operations and call center operations. Approved system enhancements earn 90% FFP and require 10% state share. Enrollment broker services, postage and general Medicaid administrative expenditures earn 50% FFP and require 50% state share.

7. Is this a federally mandated program? If yes, please explain.

No.

Core – Show Me Home

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Show-Me Home

Budget Unit: 90524C
HB Section: 11.635

1. CORE FINANCIAL SUMMARY

FY 2024 Budget Request				
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	392,549	0	392,549
PSD	0	1,140,000	0	1,140,000
TRF	0	0	0	0
Total	0	1,532,549	0	1,532,549

FTE	0.00	0.00	0.00	0.00
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Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: N/A

FY 2024 Governor's Recommendation				
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	0	0	0	0
Total	0	0	0	0

FTE	0.00	0.00	0.00	0.00
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Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

2. CORE DESCRIPTION

This budget item funds administration of the Show-Me Home (formerly Money Follows the Person) program which transitions individuals who are elderly, disabled, or who have developmental disabilities from nursing facilities or state-owned habilitation centers to Home and Community Based Services.

3. PROGRAM LISTING (list programs included in this core funding)

Show-Me Home

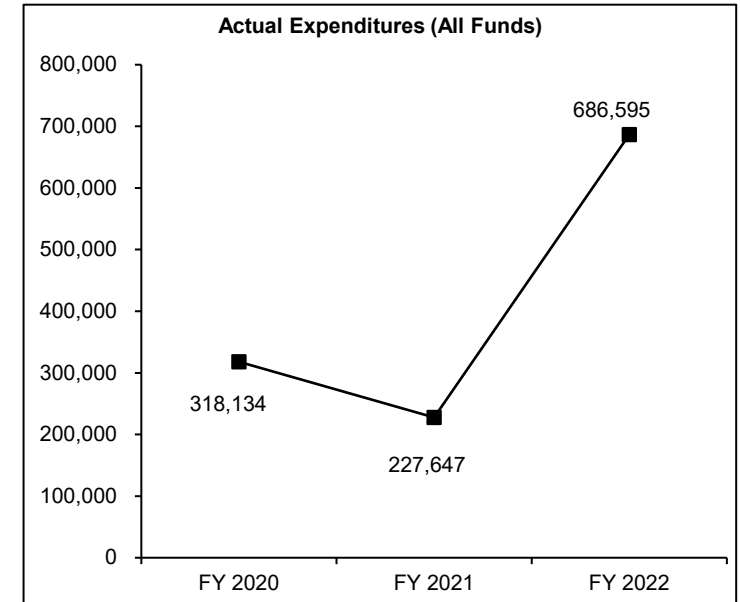
CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Show-Me Home

Budget Unit: 90524C
HB Section: 11.635

4. FINANCIAL HISTORY

	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Current Yr.
Appropriation (All Funds)	532,549	532,549	1,532,549	1,532,549
Less Reverted (All Funds)	0	0	0	0
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	532,549	532,549	1,532,549	1,532,549
Actual Expenditures (All Funds)	318,134	227,647	686,595	N/A
Unexpended (All Funds)	214,415	304,902	845,954	N/A
Unexpended, by Fund:				
General Revenue	0	0	0	N/A
Federal	214,415	304,902	854,954	N/A
Other	0	0	0	N/A
			(1)	



*Current Year restricted amount is as of 9/01/2022.

Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

(1) FY22 - Supplemental awarded for \$1,000,000.

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
MONEY FOLLOWS THE PERSON GRANT**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	EE	0.00	0	392,549	0	392,549	
	PD	0.00	0	1,140,000	0	1,140,000	
	Total	0.00	0	1,532,549	0	1,532,549	
DEPARTMENT CORE REQUEST							
	EE	0.00	0	392,549	0	392,549	
	PD	0.00	0	1,140,000	0	1,140,000	
	Total	0.00	0	1,532,549	0	1,532,549	
GOVERNOR'S RECOMMENDED CORE							
	EE	0.00	0	392,549	0	392,549	
	PD	0.00	0	1,140,000	0	1,140,000	
	Total	0.00	0	1,532,549	0	1,532,549	

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN	
MONEY FOLLOWS THE PERSON GRANT									
CORE									
EXPENSE & EQUIPMENT									
DEPT OF SOC SERV FEDERAL & OTH	609,189	0.00	392,549	0.00	392,549	0.00	0	0.00	
TOTAL - EE	609,189	0.00	392,549	0.00	392,549	0.00	0	0.00	
PROGRAM-SPECIFIC									
DEPT OF SOC SERV FEDERAL & OTH	77,406	0.00	1,140,000	0.00	1,140,000	0.00	0	0.00	
TOTAL - PD	77,406	0.00	1,140,000	0.00	1,140,000	0.00	0	0.00	
TOTAL	686,595	0.00	1,532,549	0.00	1,532,549	0.00	0	0.00	
GRAND TOTAL	\$686,595	0.00	\$1,532,549	0.00	\$1,532,549	0.00	\$0	0.00	

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DECISION ITEM DETAIL

Budget Unit	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
MONEY FOLLOWS THE PERSON GRANT								
CORE								
TRAVEL, IN-STATE	0	0.00	1	0.00	1	0.00	0	0.00
TRAVEL, OUT-OF-STATE	0	0.00	1	0.00	1	0.00	0	0.00
SUPPLIES	1,741	0.00	1,000	0.00	1,000	0.00	0	0.00
PROFESSIONAL DEVELOPMENT	761	0.00	1	0.00	1	0.00	0	0.00
PROFESSIONAL SERVICES	606,687	0.00	391,544	0.00	391,544	0.00	0	0.00
BUILDING LEASE PAYMENTS	0	0.00	1	0.00	1	0.00	0	0.00
MISCELLANEOUS EXPENSES	0	0.00	1	0.00	1	0.00	0	0.00
TOTAL - EE	609,189	0.00	392,549	0.00	392,549	0.00	0	0.00
PROGRAM DISTRIBUTIONS	77,406	0.00	1,140,000	0.00	1,140,000	0.00	0	0.00
TOTAL - PD	77,406	0.00	1,140,000	0.00	1,140,000	0.00	0	0.00
GRAND TOTAL	\$686,595	0.00	\$1,532,549	0.00	\$1,532,549	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00		0.00
FEDERAL FUNDS	\$686,595	0.00	\$1,532,549	0.00	\$1,532,549	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.635

Program Name: Show-Me Home

Program is found in the following core budget(s): Show-Me Home

1a. What strategic priority does this program address?

Transition from institutional care to home

1b. What does this program do?

This budget item funds administration of the Show-Me Home program, formerly known as the Money Follows the Person Demonstration (MFP), which transitions Medicaid eligible individuals who are elderly, disabled, or who have developmental disabilities from nursing facilities or state owned habilitation centers to Home and Community Based Services (HCBS).

Since the first transition in October 2007 through December 31, 2021, the Show-Me Home program has successfully transitioned 2,202 Medicaid eligible individuals from institutional settings to the community. Show-Me Home tracks data by the calendar year and plans to assist in the transition of an additional 75 individuals by December 31, 2022.

Once enrolled, participants reside in the Show-Me Home program for 365 community days after which they seamlessly transition to the regular HCBS programs. Eligible individuals who transition from institutionalized settings to HCBS are eligible for enhanced federal match for community services for the first year after transition. After one year, community services provided to Show-Me Home participants earn the standard FMAP rate. The federal grant also provides up to \$2,400 for demonstration transition services to participants transitioning from a nursing facility, as a one-time assistance for transition costs to set up a home in the community.

The Consolidated Appropriations Act (CAA) of 2021 extended funding for the Show-Me Home program through calendar year 2023, with all funding to be expended by September of 2025. It also made two changes to expand participant eligibility that are expected to increase the number of transitions into the community:

- First, the CAA of 2021 reduced the minimum length of time in an inpatient facility before an individual can qualify for Show-Me Home from 90 days to 60 days;
- Second, the days a person receives skilled nursing services or skilled rehabilitative services in a certified skilled nursing facility now can be counted toward the length-of-stay requirement.

PROGRAM DESCRIPTION

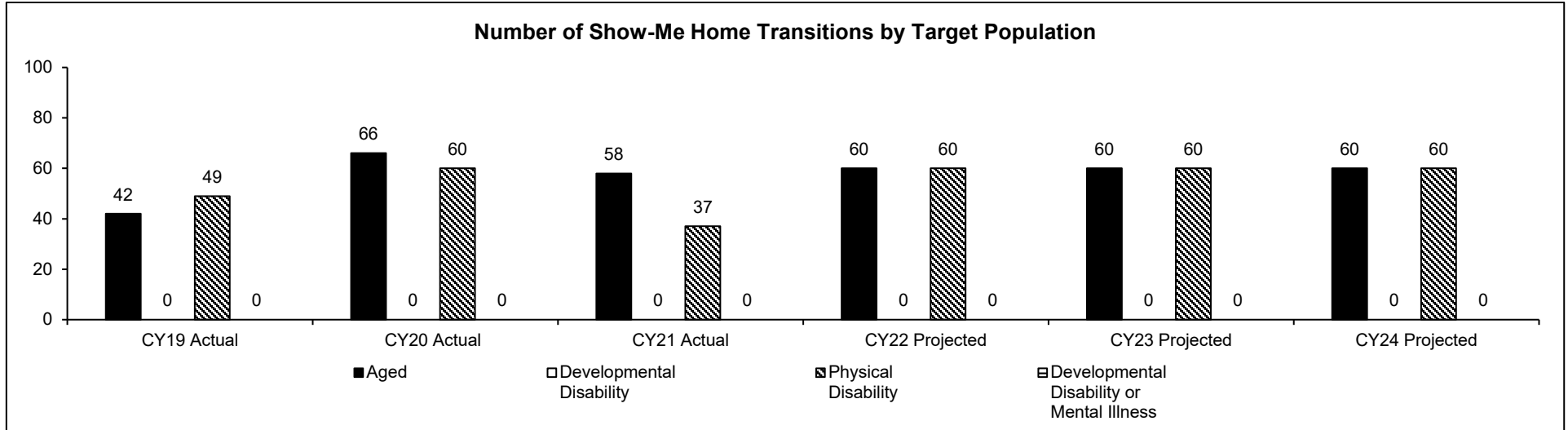
Department: Social Services

HB Section(s): 11.635

Program Name: Show-Me Home

Program is found in the following core budget(s): Show-Me Home

2a. Provide an activity measure(s) for the program.



The Consolidated Appropriations Act (CAA) of 2021 extended funding for the Show-Me Home program through CY2023, with all funding to be expended by September of 2025.

PROGRAM DESCRIPTION

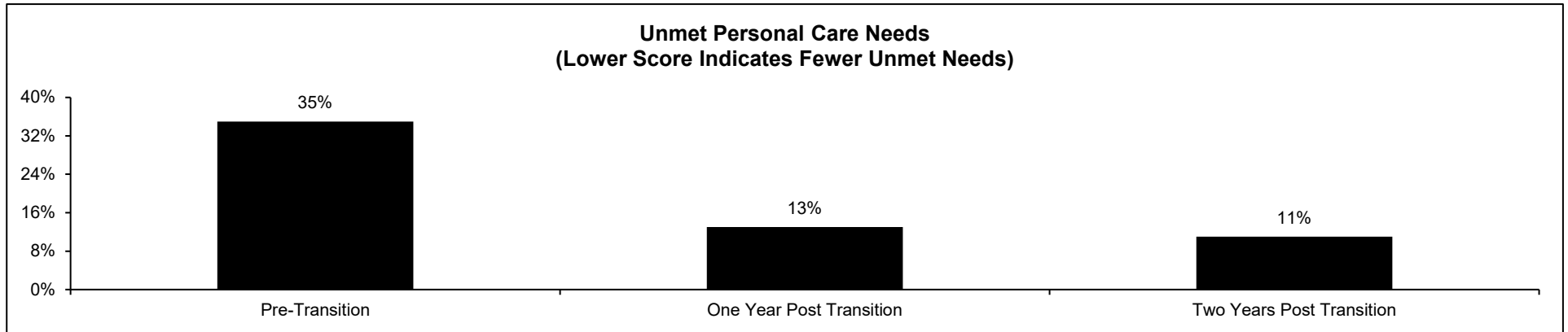
Department: Social Services

HB Section(s): 11.635

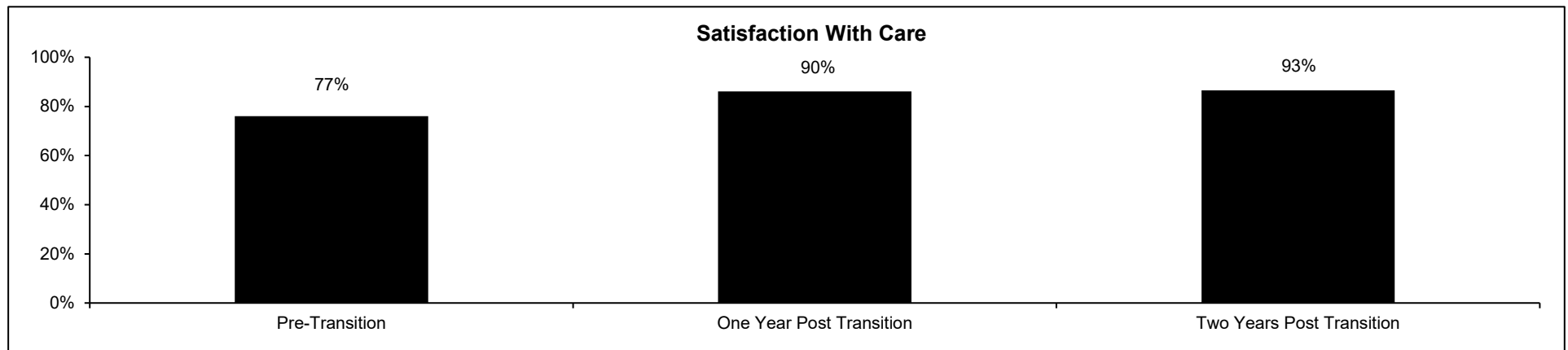
Program Name: Show-Me Home

Program is found in the following core budget(s): Show-Me Home

2b. Provide a measure(s) of the program's quality.



Between CY07 and CY21, Show-Me Home participants were surveyed on their unmet personal care needs and overall satisfaction with care. Overall, 35 percent of participants in the sample reported having unmet personal care needs (defined as one or more unmet needs related to eating, bathing, toileting, and medication administration) while in institutional care; this declined to 13 and 11 percent one and two years later, respectively.



Between CY07 and CY21, Show-Me Home participants were surveyed on their satisfaction with care. The aspect of care showing the largest improvement was treatment with respect and dignity by providers. Pre-transition, 77 percent of participants reported being treated with respect and dignity; this increased to 90 percent one year after transition, and 93 percent after two years in the community.

PROGRAM DESCRIPTION

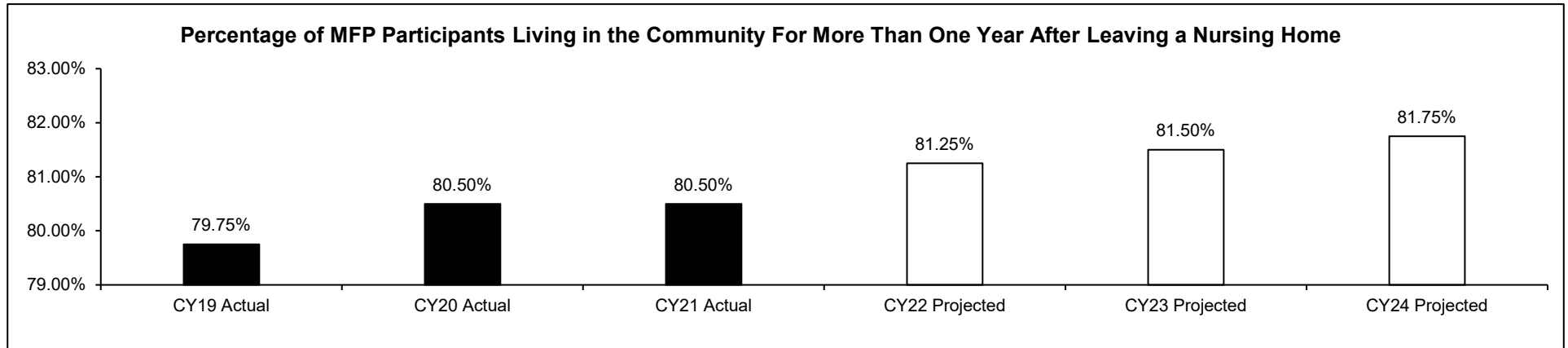
Department: Social Services

HB Section(s): 11.635

Program Name: Show-Me Home

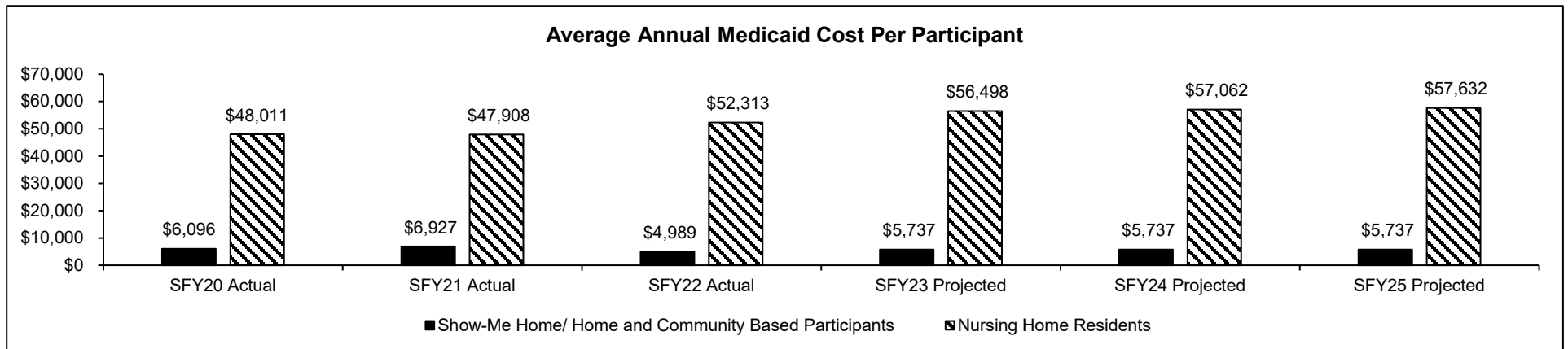
Program is found in the following core budget(s): Show-Me Home

2c. Provide a measure(s) of the program's impact.



By CY22, the Show-Me Home transitions that occurred in CY21 will have had the opportunity to be in the community for 365 days.

2d. Provide a measure(s) of the program's efficiency.



*The Nursing Home Resident cost excludes the portion of costs that are the responsibility of the participant (Patient surplus).

**Show-Me Home/ Home and Community Based Participants are unduplicated Aged and Disabled participants.

PROGRAM DESCRIPTION

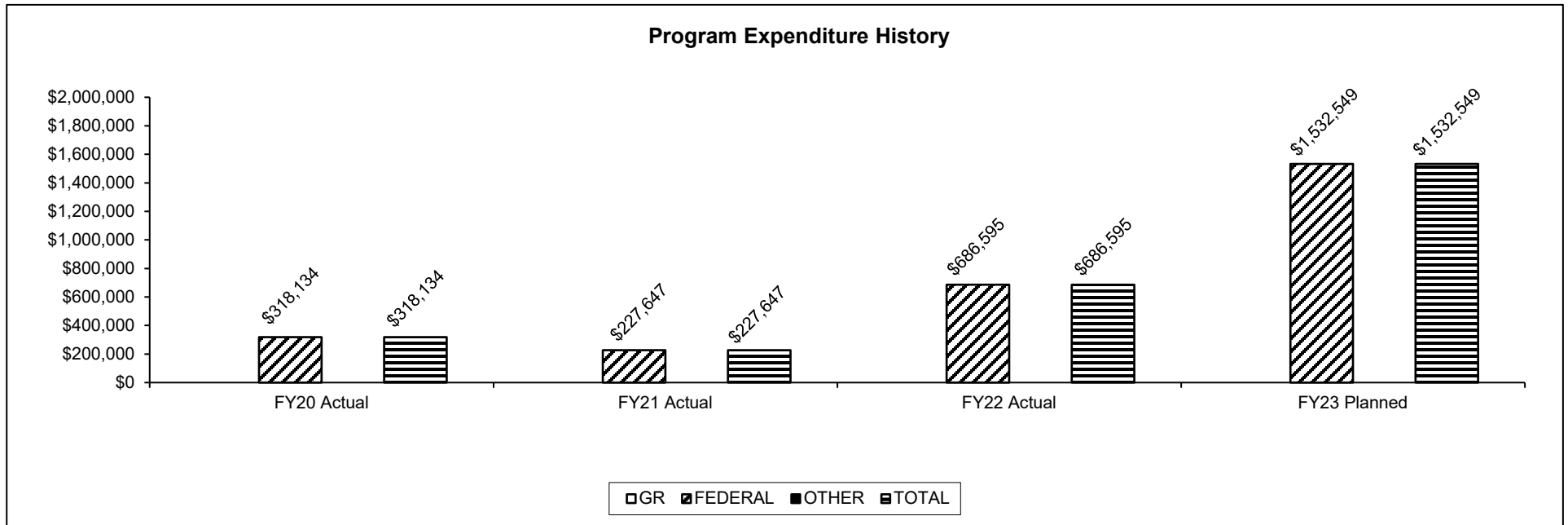
Department: Social Services

HB Section(s): 11.635

Program Name: Show-Me Home

Program is found in the following core budget(s): Show-Me Home

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



4. What are the sources of the "Other " funds?

N/A

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

Section 6071 of the Federal Deficit Reduction Act of 2005; PL 109-171, and amended by the Affordable Care Act, Section 2403.

6. Are there federal matching requirements? If yes, please explain.

No.

7. Is this a federally mandated program? If yes, please explain.

No.

Core - Pharmacy

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Pharmacy

Budget Unit: 90541C

HB Section: 11.700

1. CORE FINANCIAL SUMMARY

FY 2024 Budget Request				
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	129,160,450	858,717,050	307,772,668	1,295,650,168
TRF	0	0	0	0
Total	129,160,450	858,717,050	307,772,668	1,295,650,168
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds: Pharmacy Rebates Fund (0114) - \$260,835,622
Third Party Liability Collections Fund (TPL) (0120) - \$4,217,574
Pharmacy Reimbursement Allowance Fund (0144) - \$35,376,122
Health Initiatives Fund (HIF) (0275) - \$3,543,350
Premium Fund (0885) - \$3,800,000

FY 2024 Governor's Recommendation				
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	0	0	0	0
Total	0	0	0	0
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds:

2. CORE DESCRIPTION

This item funds the pharmacy program which is necessary to maintain pharmacy reimbursement at a sufficient level to ensure quality health care and provider participation. Funding provides pharmacy services for both managed care and fee-for-service populations. Beginning on October 1, 2009, pharmacy services were carved-out of the managed care capitation rates and the state began administering the pharmacy benefit for participants enrolled in managed care as well as participants enrolled in fee-for-service.

3. PROGRAM LISTING (list programs included in this core funding)

Pharmacy

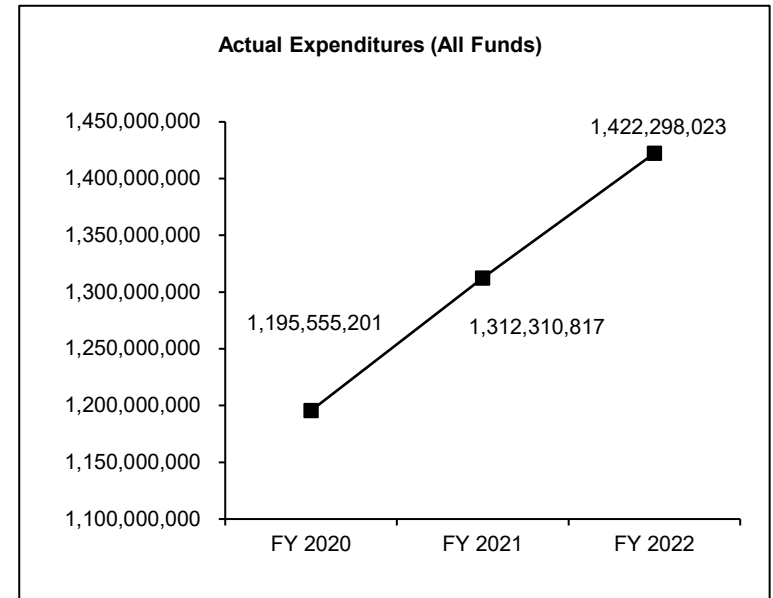
CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Pharmacy

Budget Unit: 90541C
HB Section: 11.700

4. FINANCIAL HISTORY

	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Current Yr.
Appropriation (All Funds)	1,279,345,815	1,350,314,387	1,534,123,489	1,474,480,173
Less Reverted (All Funds)	0	0	0	0
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	1,279,345,815	1,350,314,387	1,534,123,489	1,474,480,173
Actual Expenditures (All Funds)	1,195,555,201	1,312,310,817	1,422,298,023	N/A
Unexpended (All Funds)	83,790,614	38,003,570	111,825,466	N/A
Unexpended, by Fund:				
General Revenue	6,429,087	579,211	0	N/A
Federal	73,537,503	963,681	110,607,920	N/A
Other	3,824,024	36,460,678	1,217,546	N/A
	(1)	(2)	(3)	



*Current Year restricted amount is as of 9/01/2022.

Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

(1) FY20 - \$10,800,000 was flexed in to cover program expenditures. \$20,584,238 was held in Agency Reserve in the Pharmacy FRA fund (0144).

(2) FY21 - New Decision Items funded for FMAP Adjustment (\$7,036,911 GR), Cost to Continue (\$3,602,022 GR; \$19,430,769 Fed), Asset Limit CTC (\$369,656 GR; \$690,533 Fed), Specialty PMPM (\$8,141,069 GR; \$15,197,664 Fed), Asset Limit Phase-In (\$26,043 GR; \$171,911 Fed; \$65,985 OTH), Pharmacy Trikafta CTC (\$9,969,961 GR; \$18,624,299 Fed). \$33,308,697 GR and \$44,908,816 Fed was used as flex to cover other program expenditures. \$19,700,000 GR and \$12,346,597 Fed was flexed in to cover program expenditures.

(3) FY22 - New Decision Items funded for FMAP Adjustment (\$31,474,129 Fed), Cost to Continue (\$753,473 GR; \$53,865,689 Fed), Asset Limit CTC (\$840,791 GR; \$1,632,851 Fed), GR Pick-up for Tobacco Shortfall (\$5,576,108 GR), Specialty PMPM (\$11,633,451 GR; \$22,653,021 Fed), Non-Specialty PMPM (\$1,573,831 GR; \$3,064,613 Fed), CMS Dispensing Fee (\$4,000,000 GR; \$1,000,000 Fed). Supplemental Awarded for \$181,242,609 (Fed funds 0809 and 0358). \$21,000,000 used as flex and \$45,025,000 was flexed in to cover program expenditures. \$20,000,000 Pharmacy Rebates fund (0114) was held in agency reserve.

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
PHARMACY**

5. CORE RECONCILIATION DETAIL

				Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES										
				PD	0.00	236,464,021	930,243,484	307,772,668	1,474,480,173	
				Total	0.00	236,464,021	930,243,484	307,772,668	1,474,480,173	
DEPARTMENT CORE ADJUSTMENTS										
Core Reduction	675	8897		PD	0.00	0	(28,795,199)	0	(28,795,199)	Reduction due to excess CHIP authority.
Core Reduction	1079	2526		PD	0.00	0	(42,731,235)	0	(42,731,235)	Reduction due to estimated lapse.
Core Reduction	1079	2525		PD	0.00	(107,303,571)	0	0	(107,303,571)	Reduction due to estimated lapse.
NET DEPARTMENT CHANGES					0.00	(107,303,571)	(71,526,434)		0	(178,830,005)
DEPARTMENT CORE REQUEST										
				PD	0.00	129,160,450	858,717,050	307,772,668	1,295,650,168	
				Total	0.00	129,160,450	858,717,050	307,772,668	1,295,650,168	
GOVERNOR'S RECOMMENDED CORE										
				PD	0.00	129,160,450	858,717,050	307,772,668	1,295,650,168	
				Total	0.00	129,160,450	858,717,050	307,772,668	1,295,650,168	

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
PHARMACY								
CORE								
PROGRAM-SPECIFIC								
GENERAL REVENUE	169,516,313	0.00	236,464,021	0.00	129,160,450	0.00	0	0.00
CHILDRENS HEALTH INSURANCE	0	0.00	28,795,199	0.00	0	0.00	0	0.00
TITLE XIX-FEDERAL AND OTHER	908,974,000	0.00	901,448,285	0.00	858,717,050	0.00	0	0.00
TITLE XIX ADULT EXPANSION FED	48,312,823	0.00	0	0.00	0	0.00	0	0.00
MEDICAID STABILIZATION	23,324,605	0.00	0	0.00	0	0.00	0	0.00
PHARMACY REBATES	237,176,681	0.00	260,835,622	0.00	260,835,622	0.00	0	0.00
THIRD PARTY LIABILITY COLLECT	3,681,478	0.00	4,217,574	0.00	4,217,574	0.00	0	0.00
PHARMACY REIMBURSEMENT ALLOWAN	24,650,223	0.00	35,376,122	0.00	35,376,122	0.00	0	0.00
HEALTH INITIATIVES	3,543,350	0.00	3,543,350	0.00	3,543,350	0.00	0	0.00
PREMIUM	3,118,550	0.00	3,800,000	0.00	3,800,000	0.00	0	0.00
TOTAL - PD	1,422,298,023	0.00	1,474,480,173	0.00	1,295,650,168	0.00	0	0.00
TOTAL	1,422,298,023	0.00	1,474,480,173	0.00	1,295,650,168	0.00	0	0.00
Pharmacy Specialty PMPM - 1886017								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	16,195,052	0.00	0	0.00
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	31,172,750	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	47,367,802	0.00	0	0.00
TOTAL	0	0.00	0	0.00	47,367,802	0.00	0	0.00
Pharmacy Non-Specialty PMPM - 1886018								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	4,594,220	0.00	0	0.00
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	8,843,102	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	13,437,322	0.00	0	0.00
TOTAL	0	0.00	0	0.00	13,437,322	0.00	0	0.00
GRAND TOTAL	\$1,422,298,023	0.00	\$1,474,480,173	0.00	\$1,356,455,292	0.00	\$0	0.00

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FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90541C BUDGET UNIT NAME: Pharmacy HOUSE BILL SECTION: 11.700	DEPARTMENT: Social Services DIVISION: MO HealthNet
1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.	
Department Request	
.25% of flexibility is requested between sections 11.600 (MHD Admin), 11.620 (Information Systems), 11.700 (Pharmacy and Clawback), 11.715 (Physician Related Prof), 11.730 (Nursing Facilities and Home Health), 11.745 (Rehab Specialty Services and NEMT), 11.750 (GEMT), 11.760 (Managed Care), 11.762 (MC Specialty Plan), and 11.765 (Hospital Care).	
2. Estimate how much flexibility will be used for the budget year. How much flexibility was used in the Prior Year Budget and the Current Year Budget? Please specify the amount.	
PRIOR YEAR ACTUAL AMOUNT OF FLEXIBILITY USED	CURRENT YEAR ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED
\$0	DSS will flex up to .25% between sections.
BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED	
Up to .25% flexibility will be used.	
3. Please explain how flexibility was used in the prior and/or current years.	
PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE
N/A	Flex is to be used in the Administration and Information System sections that allows MHD to pay for contractual expenditures to allow MHD to continue oversight and operation of the Medicaid program.

FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90541C BUDGET UNIT NAME: Pharmacy HOUSE BILL SECTION: 11.700	DEPARTMENT: Social Services DIVISION: MO HealthNet
1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.	
Department Request	
10% flexibility is requested between sections 11.700 (Pharmacy and Clawback), 11.715 (Physician Related Prof), 11.720 (Dental), 11.725 (Premium Payments), 11.730 (Nursing Facilities and Home Health), 11.745 (Rehab Specialty Services and NEMT), 11.755 (Complex Rehab), 11.760 (Managed Care), 11.762 (MC Specialty Plan), 11.765 (Hospital Care), 11.785 (Health Homes), 11.800 (CHIP), 11.805 (SMHB), 11.815 (Blind).	
2. Estimate how much flexibility will be used for the budget year. How much flexibility was used in the Prior Year Budget and the Current Year Budget? Please specify the amount.	
PRIOR YEAR ACTUAL AMOUNT OF FLEXIBILITY USED	CURRENT YEAR ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED
\$45,025,000	DSS will flex up to 10% between sections.
BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED	
Up to 10% flexibility will be used.	
3. Please explain how flexibility was used in the prior and/or current years.	
PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE
To allow for program payments in Managed Care, Rehab and Specialty Services and Nursing Facilities.	Flexibility allows for MHD to move authority between program sections to ensure bi-monthly payroll obligations are met and services continue to be provided without disruption or delay. Flex allows MHD to shift authority to sections where there is need.

DECISION ITEM DETAIL

Budget Unit	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
PHARMACY								
CORE								
PROGRAM DISTRIBUTIONS	1,422,298,023	0.00	1,474,480,173	0.00	1,295,650,168	0.00	0	0.00
TOTAL - PD	1,422,298,023	0.00	1,474,480,173	0.00	1,295,650,168	0.00	0	0.00
GRAND TOTAL	\$1,422,298,023	0.00	\$1,474,480,173	0.00	\$1,295,650,168	0.00	\$0	0.00
GENERAL REVENUE	\$169,516,313	0.00	\$236,464,021	0.00	\$129,160,450	0.00		0.00
FEDERAL FUNDS	\$980,611,428	0.00	\$930,243,484	0.00	\$858,717,050	0.00		0.00
OTHER FUNDS	\$272,170,282	0.00	\$307,772,668	0.00	\$307,772,668	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.700

Program Name: Pharmacy

Program is found in the following core budget(s): Pharmacy

1a. What strategic priority does this program address?

Access safe and cost effective medications for the MO HealthNet Division (MHD) participants

1b. What does this program do?

The MO HealthNet Pharmacy Program reimburses outpatient prescription drugs for managed care and fee-for-service eligible participants. The Omnibus Budget Reconciliation Act of 1990 (OBRA-90) significantly expanded the coverage of pharmacy provisions to include reimbursements for all drug products of manufacturers that have entered into a rebate agreement with the Federal Department of Health and Human Services (HHS). States have the authority to manage state-specific drug purchasing and formulary decisions through Drug Utilization Review boards. MHD has a robust Drug Utilization Review process to ensure medications are clinically and fiscally appropriate. This process is ongoing as new pharmaceutical agents are approved frequently. In addition, OBRA-90 included provisions requiring both a prospective and retrospective drug use review program.

The Centers for Medicare and Medicaid Services (CMS) published a final rule on January 1, 2016, pertaining to Medicaid reimbursement for covered outpatient drugs. The purpose of the final rule is to implement changes to the prescription drug reimbursement structure as enacted by the Affordable Care Act (ACA). States are required to establish actual acquisition cost (AAC) as the basis of ingredient cost reimbursement to providers, as well as evaluate the professional dispensing fee reimbursement. With the final rule, states must also establish a payment methodology for 340B entities and 340B contract pharmacies.

Entities that are 340B covered are eligible to purchase discounted drugs through the Public Health Service Act's 340B Drug Discount program. Examples of 340B entities include federally qualified health centers, hemophilia treatment centers, disproportionate share hospitals, sole community hospitals, AIDS drug assistance programs, and family planning clinics. MHD is working collaboratively with stakeholders to encourage 340B participation by covered entities. By working with covered entities, savings from 340B pricing for MHD participants' prescriptions are shared with the Medicaid program.

Effective July 1, 2021 MHD drug reimbursement will be made by applying the following hierarchy methodology:

- National Average Drug Acquisition Cost (NADAC), plus professional dispensing fee. If there is no NADAC:
 - Missouri Maximum Allowed Cost (MAC), plus professional dispensing fee. If there is no NADAC or MAC:
 - Wholesale Acquisition Cost (WAC), plus professional dispensing fee
 - The usual and customary (U&C) charge submitted by the provider if it is lower than the chosen price (NADAC, MAC, or WAC)
- 340B purchased drugs dispensed by pharmacy providers will be reimbursed at their actual acquisition cost, up to the 340B Maximum Allowable Cost (MAC) (calculated ceiling price) plus a professional dispensing fee. Covered entities are required to bill no more than their actual acquisition cost plus the professional dispensing fee.
- Physician-administered drugs purchased through the 340B program will be reimbursed the lesser of the Physician-Administered 340B MAC or the actual acquisition cost submitted by the provider. A professional dispensing fee is not applied to physician-administered drugs. The Physician-Administered 340B MAC is calculated by adding 6%, up to \$600, to the calculated ceiling price.

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.700

Program Name: Pharmacy

Program is found in the following core budget(s): Pharmacy

WAC is the manufacturer's published catalog or list price for a drug product to wholesalers; NADAC is based on CMS's monthly surveys of retail pharmacies to determine the average acquisition cost for covered outpatient drugs; and MAC is the maximum reimbursement for drugs set at a state level. MHD uses its electronic tools incorporating clinical and fiscal criteria derived from best practices and evidence-based medical information to adjudicate claims through clinical and fiscal edits, preferred drug list edits, and prior authorization.

Pharmacies doing business in Missouri are also assessed a provider tax. Funds from this tax are used to provide dispensing fee payments and to support MHD pharmacy payments. See the Pharmacy Reimbursement Allowance tab for more detail.

Rebate Program

The U.S. Congress created the Medicaid outpatient prescription drug rebate program when it enacted the Omnibus Budget Reconciliation Act (OBRA) '90. The goal of the program is to reduce the cost of outpatient prescription drugs by requiring drug manufacturers to pay a rebate directly to state Medicaid programs. The purpose of the program is to reduce the cost of prescription drugs without placing an undue burden on pharmacies. The intent of this rebate is to allow state and federal governments to receive price reductions similar to those received by other high-volume purchasers of drugs.

OBRA '90 requires all drug manufacturers to enter into a drug rebate agreement with CMS before their product lines will be eligible for coverage by Medicaid. Currently, approximately 700 manufacturers have signed agreements with the Centers for Medicare and Medicaid Services (CMS) and participate in the Drug Rebate Program. For MHD participants, approximately 570 manufacturers have products dispensed and invoiced quarterly. Once the drug manufacturer has entered into the agreement, the state Medicaid programs are required to provide coverage for the manufacturers' drug products. However, the state has the option of excluding certain categories of the manufacturer's products or requiring prior authorization for reimbursement of products. Manufacturers are required to calculate and make rebate payments to the state Medicaid agency for the manufacturers' covered outpatient drugs reimbursed by the state during each quarter. Manufacturers are to be invoiced no later than 60 days after the end of each calendar quarter and are required to make payment for the calculated drug rebate directly to the state Medicaid program within 38 days of invoicing.

The Affordable Care Act of 2010 provided enhancements to the Federal Drug Rebate requirements. Rebates are as follows:

- 23.1% of the Average Manufacturer Price (AMP) for single-source brand-name drugs
- 13% of AMP for multi-source generic drugs
- 17% of AMP for single-source generic drugs

The manufacturer may also be required to pay an additional rebate amount, based on a calculation related to the Consumer Price Index and price increases for a drug. Approximately 35% of the total rebates collected are used as a state share funding source rather than using General Revenue funds. Based on the FMAP rate, approximately 65% of the rebates collected are returned to the federal government.

In addition to the Federal Drug Rebate Program, MO HealthNet may negotiate additional discounts in the form of Supplemental Drug Rebates. Drug manufacturers may contract to pay National Drug Code (NDC)-specific Supplemental Drug Rebates as a condition for placement on the state's Preferred Drug List (PDL). MHD invoices and collects these rebates from manufacturers, along with the federal rebates, and submits the federal portion of the rebates to CMS while retaining the state share.

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.700

Program Name: Pharmacy

Program is found in the following core budget(s): Pharmacy

Benefit Management and Cost Savings Tools

Clinical Management Services and System for Pharmacy Claims and Prior Authorization (CMSP)

The contract with Conduent utilizes their CyberAccessSM tool to create integrated patient profiles containing prescription information, as well as patient diagnoses and procedure codes for a running 24 months of history. CyberAccessSM provides:

- Daily updated participant claims history profiles
- Identification of all drugs, procedures, related diagnoses and ordering providers from claims paid by MHD for a rolling 36 month period
- 3 years of Point of Service (POS) pharmacy claims refreshed every 10 minutes

Fiscal and Clinical Edits

Fiscal and Clinical Edits optimize the use of program funds and enhance patient care through improved use of pharmaceuticals. Since the implementation of the OBRA '90, education on the use of pharmaceuticals has been accomplished primarily through DUR. However, the prospective DUR alerts currently generated by the fiscal agent have been largely ignored by pharmacy providers as they are more general in nature, and few are tied to claim reimbursement. Other third-party payers have successfully utilized more extensive evidence-based claims screening edits to control costs. These edits apply within MHD to achieve similar cost controls.

Point-of-Service Pharmacy

Claims are routed through Conduent's automated system to apply edits specifically designed to assure effective utilization of pharmaceuticals. The edits are founded on evidence-based clinical and nationally recognized expert consensus criteria. Claims will continue to be processed by Wipro, MHD's fiscal agent, for all other edits and final adjudication. After processing by Conduent and Wipro, the claim is sent back to the provider with a total processing time of approximately 10 seconds. Claims that are denied by the system edits will require an override from the existing help desk. Providers seeking an override must contact the help desk for approval, which will be granted if medically necessary.

Preferred Drug List (PDL) Edits

The PDL utilizes information from various clinical sources, including the UMKC Drug Information Center (DIC), the Oregon Evidence-Based Drug Research Consortium, MHD clinical contractors, and MHD's clinical research team. Clinical information is paired with fiscal evaluation to develop a therapeutic class recommendation. The resulting PDL process incorporates clinical edits, including step therapies into the prescription drug program. Clinical edits are designed to enhance patient care and optimize program funds through therapeutically prudent use of pharmaceuticals. Pharmacy claims are routed through an automated computer system to apply edits specifically designed to ensure effective and appropriate drug utilization. The goal is to encourage cost effective therapy within the selected drug class.

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.700

Program Name: Pharmacy

Program is found in the following core budget(s): Pharmacy

Prior Authorization

Any covered outpatient drug can be subject to Prior Authorization (PA). Effective August 1, 1992, a PA process was implemented for certain specific drugs under the pharmacy program. In conjunction with MHD Advisory groups (see below), approval criteria are established with the minimum being approved FDA clinical indication. MHD may establish additional clinical and/or fiscal criteria for approval or denial. Drug PA requests are received via telephone, fax, or mail. All requests for a drug PA must be initiated by a physician or authorized prescriber (advanced practice nurse) with prescribing authority for the drug category for which a PA is being requested. As specified in OBRA '90, drug PA programs must provide a response by telephone or other telecommunication devices within 24 hours of receipt. All requests must include all required information. Requests received with insufficient information for review or received from someone other than a physician or authorized prescriber will not initiate a PA review nor the 24-hour response period. Drug PA requests received via telephone are keyed online and notification of approval will be given at the time of the call or by return fax or phone call. MHD technicians who staff this hotline work through algorithms developed by the Drug Prior Authorization Committee with the assistance of the UMKC-DIC School of Pharmacy. These algorithms are sets of questions used to make a determination to approve or deny the request. Making the prior authorization determination online allows the PA file to be updated immediately. For approvals, the requestor will be given an authorization period. Pharmacies may record this information for this purpose as well.

Drug Utilization Review

This process is currently provided by Conduent and will be an extension of the current process with some enhancements. Under the new contract, this initiative will utilize the same database/computer system as the previously described components. This system uses a relational database capable of interfacing MHD paid claims history with flexible, high-quality clinical evaluation criteria. The process is designed to identify high-risk drug use patterns among physicians, pharmacists, and beneficiaries, and to educate providers (prescribers and dispensers) on appropriate and cost-effective drug use. This process is capable of identifying providers prescribing and dispensing practices that deviate from defined standards, as well as generating provider profiles and ad hoc reports for specified provider and participant populations. The goal of the program is to maximize drug therapy and outcomes and optimize expenditures for health care.

Board and Committee Support and Oversight

MHD operates both prospective and retrospective Drug Utilization Review (DUR) as required by federal and state law. The DUR program is focused on educating health care providers on the appropriate use of medications and informing them of potential drug therapy problems found in the review of drug and diagnostic information obtained from MHD claims history. The DUR Board is central to all DUR program activities, and its duties and membership requirements are specified in state and federal law. DUR Board members are appointed by the Governor with the advice and consent of the Senate, and its 13 members include six physicians, six pharmacists, and one quality assurance nurse. In an ongoing process, the DUR Board reviews and makes changes to the clinical therapeutic criteria used to generate prospective and retrospective DUR interventions. The DUR Board also advises the division on other issues related to appropriate drug therapy and produces a quarterly newsletter for providers on selected drug topics. In addition to the Board, a Regional DUR Committee, composed of physicians and pharmacists, evaluates individual participants' retrospective drug regimens and advises their providers on appropriate drug use or potentially problematic drug therapies. The MHD Drug Prior Authorization (PA) Committee is established in state regulation. This advisory committee is charged with reviewing drugs and recommending those drugs which are appropriate for reimbursement as a regular benefit versus those which should be placed on prior authorization status. All such recommendations made by the Drug PA Committee are referred to the DUR Board, as they are the statutorily-appointed advisory group for final recommendation to the division.

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.700

Program Name: Pharmacy

Program is found in the following core budget(s): Pharmacy

The Advisory Council on Rare Diseases and Personalized Medicine is established in state regulation. This board will serve as an expert advisory committee to the DUR board in regards to beneficiary access to drugs or biological products for rare diseases. The Advisory Council on Rare Diseases and Personalized Medicine members are appointed by the Director of the Department of Social Services, and members include 5 physicians, 2 medical researchers, 1 registered nurse, 1 pharmacist, 1 professor, 1 individual representing the rare disease community, 1 member of the rare disease foundation, and 1 representative from a rare disease center within a comprehensive pediatric hospital. The DUR Board shall request and consider information from the Advisory Council on Rare Diseases and Personalized Medicine when making recommendations or determinations regarding prior authorization and reauthorization criteria for rare disease drugs and other topics related to rare diseases.

Cost Containment Initiatives

As a result of new drugs, rapidly changing prescribing patterns and increased expenditures in the MHD fee-for-service pharmacy program, MHD continues to implement a number of administrative measures to ensure the economic and efficient provision of the MHD pharmacy benefit. These strategies have been developed through recommendations from a number of sources, including affected state agencies, provider groups, and the pharmaceutical industry. These initiatives intend to ensure that MHD participants get the correct drug to meet their needs, in the correct amount, and for the correct period of time. Examples of some of the cost containment initiatives, processed through clinical management, include:

- **Edits - Dose Optimization:** Effective for dates of service on or after April 16, 2002, claims submitted to the MO HealthNet Pharmacy Program are subject to edits to identify claims for pharmacy services that fall outside expected patterns of use for certain products. Overrides to these edit denials can be processed through the Pharmacy hotline. Justification for utilization outside expected patterns, such as Food and Drug Administration (FDA) approved labeling, is required for approval of such an override.
- **Preferred Drug List (PDL):** As a tool for containing costs, the PDL provides access to the most cost-effective drug therapy for specific drug categories. Preferred status on the PDL provides the state with Supplemental Rebates for selected name-brand and/or single-source drugs and lowers the net cost. See above for PDL details. MO HealthNet began the PDL in 2003.
- **Diabetic Supplies:** In December 2003, the MHD moved diabetic testing supplies and syringes from the Durable Medical Equipment (DME) program to the pharmacy program, and initiated a single source diabetic testing supply initiative, continuing to encourage patient blood glucose testing while minimizing state expenditures. In April 2005, the pharmacy program moved to a multi-source diabetic testing supplies initiative. Diabetic testing supply products and syringes are now available in preferred status from multiple manufacturers, providing greater participant choice and generating supplemental rebates to the state. To improve participant access and health outcomes, the MHD was able to secure supplemental rebates for both continuous glucose monitors and tubeless insulin pumps. In April 2020, the MHD began covering continuous glucose monitoring systems, and in April 2021, covering tubeless insulin pumps through the pharmacy program.
- **Expanded Missouri Maximum Allowable Cost (MAC) list:** The list of drugs for which the state agency has established a generic reimbursement limit will be monitored and expanded on a regular basis. A mechanism is in place to review existing MACs as well as identify new generic drugs for addition to this list as they become available. This optimizes generic utilization in the MHD program. Effective in June of 2009, MHD updated the MAC list to include specific specialty medications.

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.700

Program Name: Pharmacy

Program is found in the following core budget(s): Pharmacy

- **Active Pharmaceutical Ingredients (API) and Excipients:** An API is defined by 21 C.F.R. § 207.3(a)(4) as a bulk drug substance that “is represented for use in a drug and that, when used in the manufacturing, processing, or packaging of a drug, becomes an active ingredient or a finished dosage form of the drug.” An excipient is an inactive substance that forms a vehicle for the active ingredient in compounding. Effective September 1, 2017, MHD requires prior authorization (PA) on all compounded medications including an API and excipients. Requests for PA are reviewed on an individual patient basis and evaluated for medical necessity. Participants are required to use commercially available products if there are any available that are similar to the compounds being requested.
- **Refill-Too-Soon:** On February 21, 2018, the refill-too-soon (RTS) edit criteria went from 75% utilization to 85% utilization.
- **Morphine-Milligram-Equivalent (MME):** Effective May 1, 2018, the MO HealthNet Pharmacy Program implemented a MME Accumulation Clinical Edit. The edit will more accurately calculate the total MME daily dose from all concurrent opioid prescriptions for individual patients.
- **New Drugs Review:** Prior authorization is required for all new drug entities and new dosage forms, through existing drug entities that have been newly approved by the FDA and become available on the prescription drug market. First Data Bank is the publisher of proprietary pharmaceutical information and provides weekly updates to MHD covered medications, which are reviewed for medical and clinical criteria along with the pharmacoeconomic impact on the pharmacy program. Program staff recommends ongoing management (i.e. continue PA, PDL addition, clinical edit, or open access) of each new drug, which goes to the MO HealthNet advisory groups for approval and implementation. The new drug review process was updated in September of 2018.
- **NADAC:** On December 16, 2018, MHD changed drug reimbursement to the National Average Drug Acquisition Cost (NADAC) model. The NADAC files represent a national pricing methodology based upon a simple average of retail pharmacy acquisition costs for most covered outpatient drugs.
- **Non-Traditional Pain Management:** In FY19 MHD implemented a non-traditional pain management program that will use alternative treatments such as chiropractic services, physical therapy, and acupuncture in lieu of prescribing opioids for pain.
- **Enhanced Retrospective Drug Utilization:** Enhanced retrospective drug utilization involves retroactively reviewing population-based patterns of drug use, to compare those patterns to approved therapeutic guidelines in order to determine the appropriateness of care, length of treatment, drug interaction, and other clinical issues.
- **Provider Audits:** Daily provider audits are performed by MHD/Wipro staff for the identification and resolution of potential recoupments.
- **Pharmacists as Providers:** MO HealthNet has continued to enroll pharmacists as providers in order for pharmacists to administer vaccines, complete certain lab tests, and perform cognitive services. In 2020 and 2021 pharmacists were able to provide COVID vaccines and tests to aid in the response to the public health emergency.
- **Dispensing Fee:** On February 1, 2021, MO HealthNet implemented the new professional dispensing fee of \$12.22 plus an amount to offset the Medicaid portion of the pharmacy tax.
- **340B Reimbursement:** On July 1, 2021, MO HealthNet revised reimbursement to 340B facilities from WAC minus 25% to 340B MAC pricing. The 340B MAC pricing is based on the ceiling prices and the greatly discounted rates providers are able to purchase these medications at compared to normal retail pharmacies.
- **Project Hep Cure:** On July 1, 2021 MO HealthNet implemented Project Hep Cure, which aimed at curing over 6,000 Medicaid Participants of their existing Hepatitis C infection. MO HealthNet partnered with AbbVie in a modified subscription model for their drug Mavyret. The partnership allows MO HealthNet to pay a lower amount for Mavyret, and once over a threshold of participants treated, pay a nominal amount per prescription. It is our goal to eliminate Hepatitis C in Missouri and this is an important first step. The Project Hep Cure Dashboard can be located at: <https://dss.mo.gov/mhd/hepc/>

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.700

Program Name: Pharmacy

Program is found in the following core budget(s): Pharmacy

- Program Integrity Pharmacist: On September 14, 2020, MO HealthNet hired their first Program Integrity Pharmacist with the goal of ensuring the integrity of the Missouri Medicaid Pharmacy program. This full-time employee (FTE) reviews prescription claim patterns for potential irregularities. Based on their findings they perform desk audits and make recommendations to the department for potential recoupment, claims adjustment, and prospective editing. With the creation of this position, the Pharmacy Administration Unit has cost avoided approximately \$25 million in drug claims through a variety of mechanisms recommended by the Program Integrity Pharmacist.

2a. Provide an activity measure for the program.

Top 10 Products Ranked By Paid Amount of FFS Claims

Drug	4th Qtr (April, May, June) 2022		
	Rank	Claims	Paid
ADALIMUMAB (Immunosuppressive) (Humira)	1	2,489	\$ 19,219,703
PALIPERIDONE PALMITATE (Antipsychotic)	2	4,996	\$ 13,953,558
LURASIDONE HCL (Antipsychotic)	3	9,005	\$ 11,185,716
METHYLPHENIDATE HCL (Stimulant)(Ritalin)	4	32,848	\$ 9,233,432
BIKTARVY(HIV)	5	2,913	\$ 8,636,716
TRIKAFTA(Cystic Fibrosis)	6	443	\$ 8,254,148
MAVYRET(Hep C)	7	570	\$ 8,128,551
INSULIN ASPART (Diabetes)	8	11,591	\$ 7,817,916
INSULIN GLARGINE,HUMAN RECOMBINANT ANALOG (Diabetes)	9	15,627	\$ 7,134,576
ALBUTEROL SULFATE (Bronchodilator, Asthma)	10	94,977	\$ 7,068,184
TOTAL			\$ 100,632,500

Rank	4th Qtr (April, May, June) 2021	
	Claims	Paid
1	1,956	\$ 13,927,954
2	4,912	\$ 13,359,448
3	8,612	\$ 10,481,343
4	31,765	\$ 8,479,013
15	1,446	\$ 4,474,320
6	319	\$ 6,474,480
30	201	\$ 2,548,906
8	10,641	\$ 7,266,774
9	14,989	\$ 6,959,415
10	90,698	\$ 6,601,319
		\$ 80,572,972

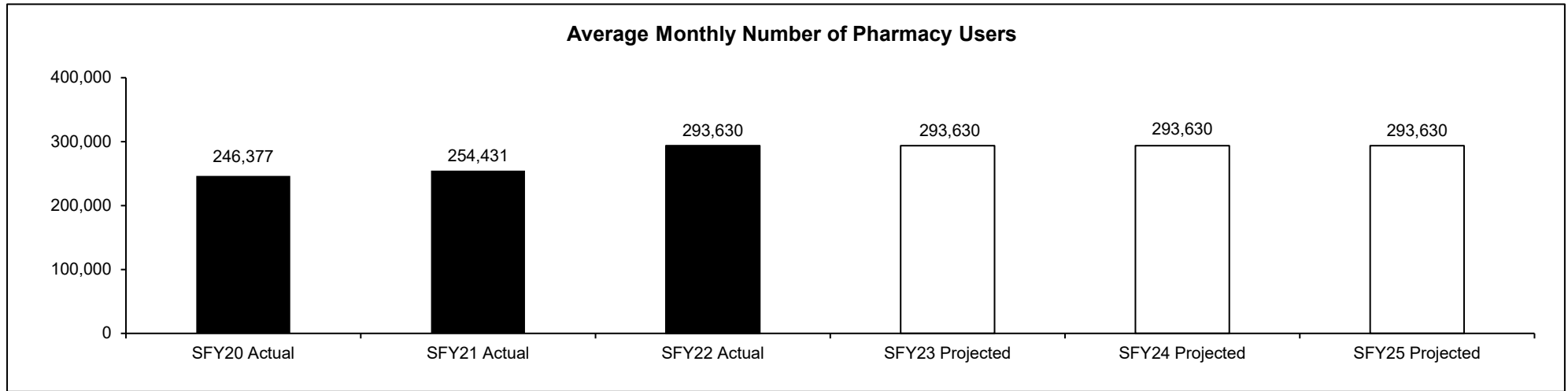
PROGRAM DESCRIPTION

Department: Social Services

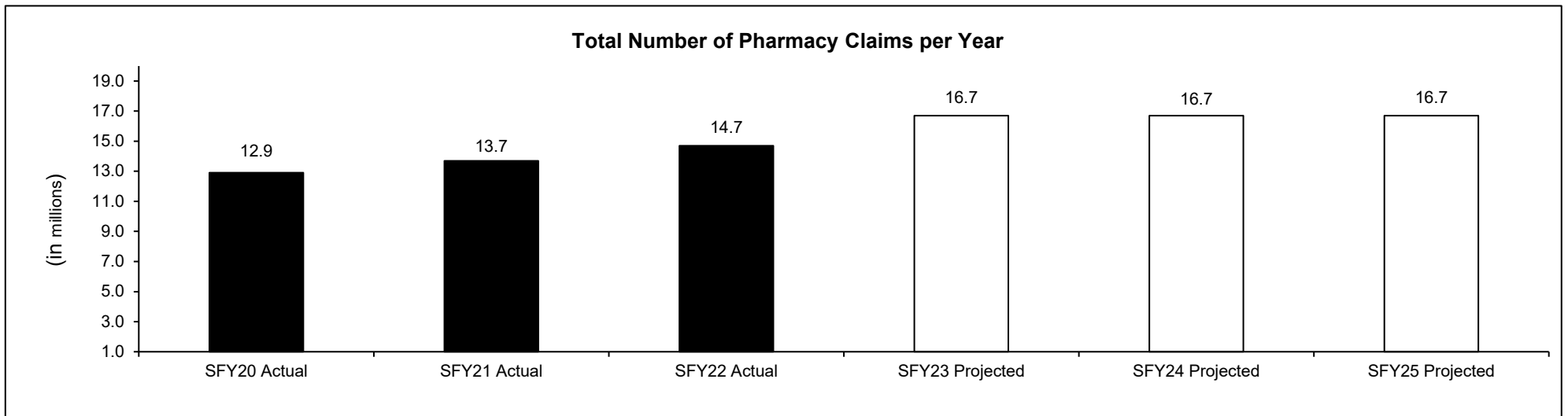
HB Section(s): 11.700

Program Name: Pharmacy

Program is found in the following core budget(s): Pharmacy



*FY20 number of Pharmacy users was lower due to COVID-19

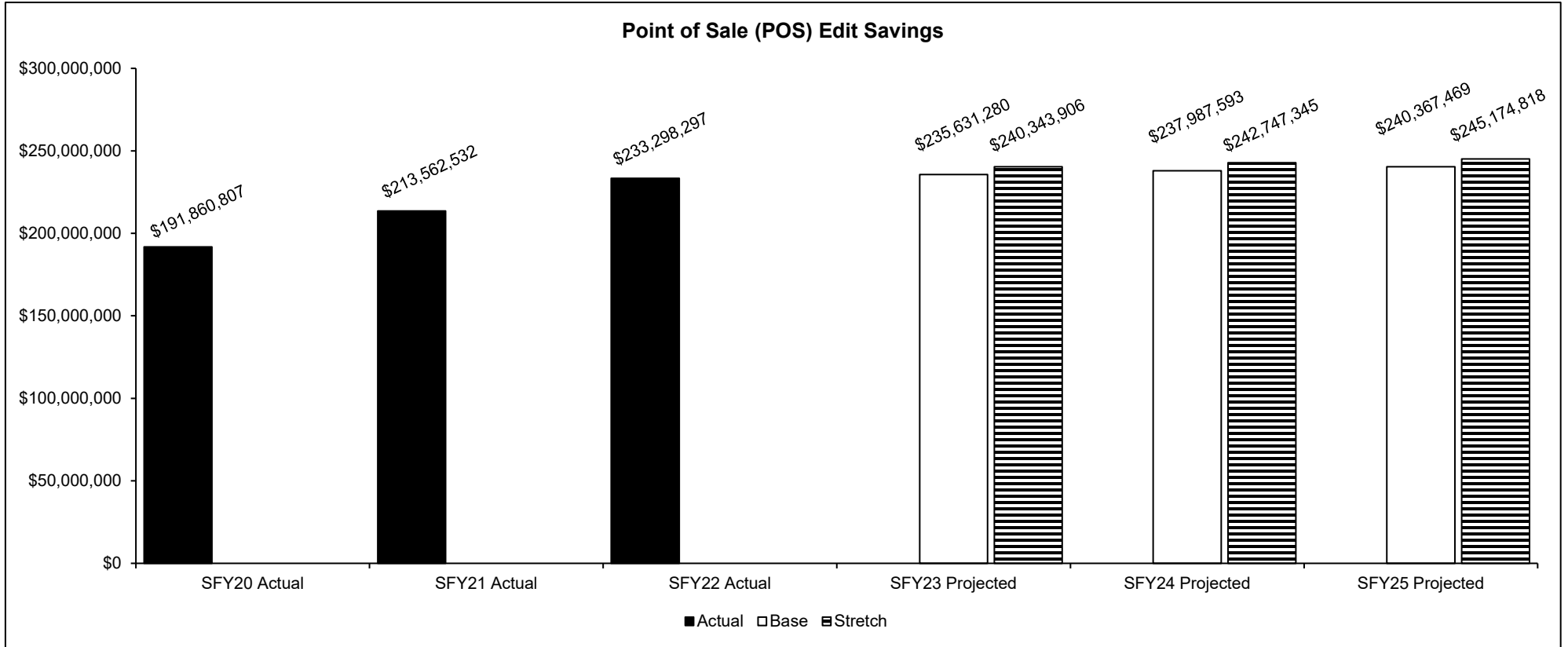


PROGRAM DESCRIPTION

Department: Social Services
Program Name: Pharmacy
Program is found in the following core budget(s): Pharmacy

HB Section(s): 11.700

2b. Provide a measure of the program's quality.



Savings from denied pharmacy claims as a result of SmartPA edits.

PROGRAM DESCRIPTION

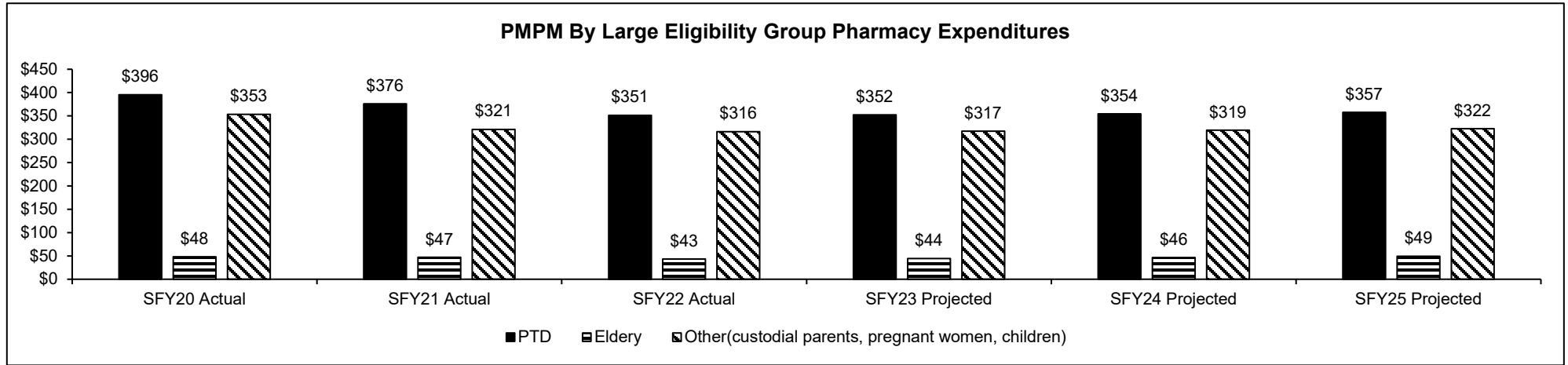
Department: Social Services

HB Section(s): 11.700

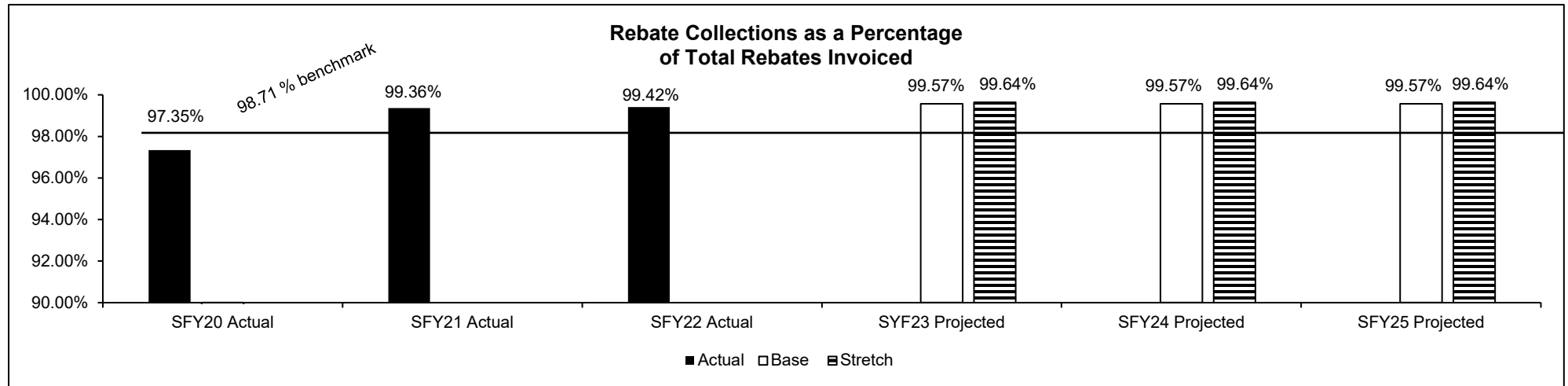
Program Name: Pharmacy

Program is found in the following core budget(s): Pharmacy

2c. Provide a measure of the program's impact.



2d. Provide a measure of the program's efficiency.



As measured June 1 of each fiscal year. The benchmark is set at 98.71%, and is the average of SFY20 thru SFY22.

PROGRAM DESCRIPTION

Department: Social Services

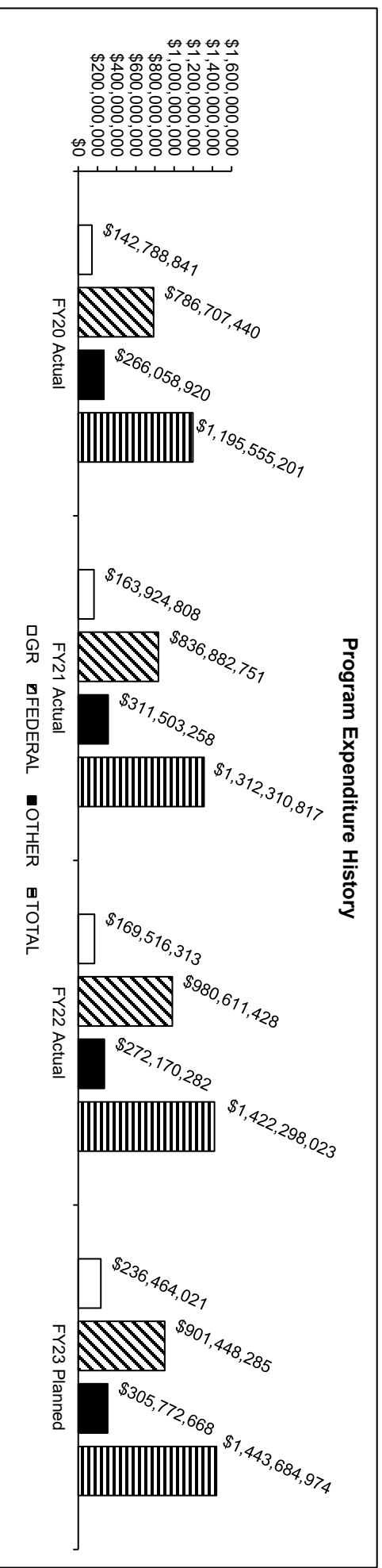
HB Section(s):

11.700

Program Name: Pharmacy

Program is found in the following core budget(s): Pharmacy

3. Provide actual expenditures for the prior three fiscal years; planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



In FY2022, AEG expenditures are included in total payments. Federal Fund 0809 was used to cover the state share of AEG expenditures. Planned FY2023 expenditures are net of reserves.

4. What are the sources of the "Other" funds?

Pharmacy Reimbursement Allowance Fund (0144), Pharmacy Rebates Fund (0114), Health Initiatives Fund (0275), Third Party Liability Fund (0120), Premium Fund (0885).

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

Missouri Statute: Sections 208.152 and 208.166, RSMo. Federal law: Social Security Act Section 1902(a)(12). State regulation: 13 CSR 70-20. Federal regulation: 42 CFR 440.120.

6. Are there federal matching requirements? If yes, please explain.

The FMAP (Federal Medical Assistance Percentage) fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%.

7. Is this a federally mandated program? If yes, please explain.

Yes, pharmacy services are mandatory for children if identified as medically necessary health services under the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) program. This program is not federally mandated for adults.

**Core - Pharmacy -
Medicare
Part D Clawback**

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Pharmacy Clawback

Budget Unit: 90543C
HB Section: 11.700

1. CORE FINANCIAL SUMMARY

FY 2024 Budget Request				
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	220,981,651	0	0	220,981,651
TRF	0	0	0	0
Total	220,981,651	0	0	220,981,651

FTE 0.00 0.00 0.00 0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other funds: N/A

FY 2024 Governor's Recommendation				
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	0	0	0	0
Total	0	0	0	0

FTE 0.00 0.00 0.00 0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other funds:

2. CORE DESCRIPTION

This core request is for the continued funding of the Medicare Part D Clawback. Clawback refers to that portion of the Medicare Prescription Drug Act which requires states to pay Medicare a portion of the cost of Part D drugs attributable to what would have been paid for by the state absent the Part D drug benefit.

3. PROGRAM LISTING (list programs included in this core funding)

Pharmacy Clawback

CORE DECISION ITEM

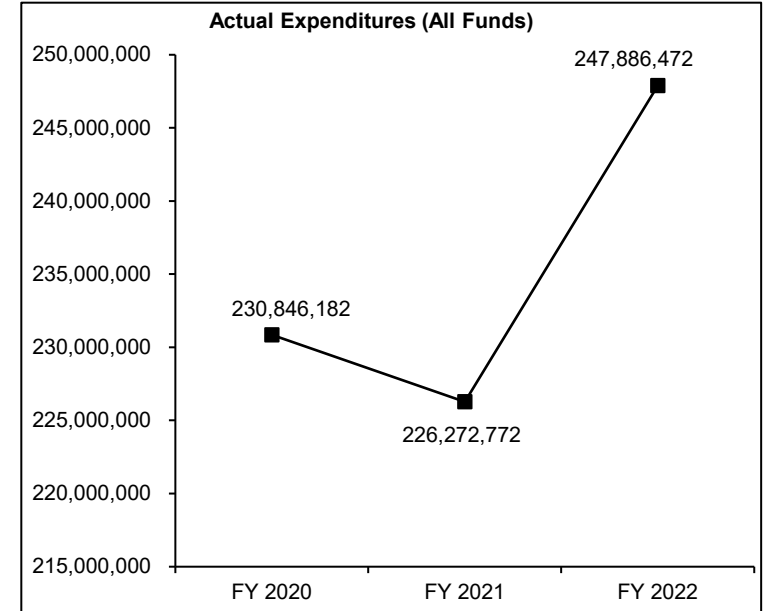
Department: Social Services
Division: MO HealthNet
Core: Pharmacy Clawback

Budget Unit: 90543C

HB Section: 11.700

4. FINANCIAL HISTORY

	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Current Yr.
Appropriation (All Funds)	330,978,651	226,272,772	247,886,472	220,981,651
Less Reverted (All Funds)	0	0	0	0
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	330,978,651	226,272,772	247,886,472	220,981,651
Actual Expenditures (All Funds)	230,846,182	226,272,772	247,886,472	N/A
Unexpended (All Funds)	100,132,469	0	0	N/A
Unexpended, by Fund:				
General Revenue	74,253,639	0	0	N/A
Federal	25,608,830	0	0	N/A
Other	0	0	0	N/A
		(1)	(2)	



*Current Year restricted amount is as of 9/01/2022.

Reverted includes the statutory three-percent reserve amount (when applicable).

Restricted includes any Governor's Expenditure Restrictions which remained at the end of the fiscal year (when applicable).

NOTES:

(1) FY21 - \$18,391,986 was brought in as flex. \$23,097,865 was used as flex to cover other program expenditures.

(2) FY22 - \$49,005,686 was flexed in, \$22,097,865 was used as flex to cover other program expenditures.

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
PHARMACY-MED PART D-CLAWBACK**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	PD	0.00	220,981,651	0	0	220,981,651	
	Total	0.00	220,981,651	0	0	220,981,651	
DEPARTMENT CORE REQUEST							
	PD	0.00	220,981,651	0	0	220,981,651	
	Total	0.00	220,981,651	0	0	220,981,651	
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	220,981,651	0	0	220,981,651	
	Total	0.00	220,981,651	0	0	220,981,651	

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN	
PHARMACY-MED PART D-CLAWBACK									
CORE									
PROGRAM-SPECIFIC									
GENERAL REVENUE	247,886,472	0.00	220,981,651	0.00	220,981,651	0.00	0	0.00	
TOTAL - PD	247,886,472	0.00	220,981,651	0.00	220,981,651	0.00	0	0.00	
TOTAL	247,886,472	0.00	220,981,651	0.00	220,981,651	0.00	0	0.00	
MHD CTC - 1886009									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	99,317,047	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	99,317,047	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	99,317,047	0.00	0	0.00	
GRAND TOTAL	\$247,886,472	0.00	\$220,981,651	0.00	\$320,298,698	0.00	\$0	0.00	

FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90543C BUDGET UNIT NAME: Medicare Part D "Clawback" HOUSE BILL SECTION: 11.700	DEPARTMENT: Social Services DIVISION: MO HealthNet
1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.	
Department Request	
.25% of flexibility is requested between sections 11.600 (MHD Admin), 11.620 (Information Systems), 11.700 (Pharmacy and Clawback), 11.715 (Physician Related Prof), 11.730 (Nursing Facilities and Home Health), 11.745 (Rehab Specialty Services and NEMT), 11.750 (GEMT), 11.760 (Managed Care), 11.762 (MC Specialty Plan), and 11.765 (Hospital Care).	
2. Estimate how much flexibility will be used for the budget year. How much flexibility was used in the Prior Year Budget and the Current Year Budget? Please specify the amount.	
PRIOR YEAR ACTUAL AMOUNT OF FLEXIBILITY USED	CURRENT YEAR ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED
\$0	DSS will flex up to .25% between sections.
BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED	
Up to .25% flexibility will be used.	
3. Please explain how flexibility was used in the prior and/or current years.	
PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE
N/A	Flex is to be used in the Administration and Information System sections that allows MHD to pay for contractual expenditures to allow MHD to continue oversight and operation of the Medicaid program.

FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90543C BUDGET UNIT NAME: Medicare Part D "Clawback" HOUSE BILL SECTION: 11.700	DEPARTMENT: Social Services DIVISION: MO HealthNet
1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.	
Department Request	
10% flexibility is requested between sections 11.700 (Pharmacy and Clawback), 11.715 (Physician Related Prof), 11.720 (Dental), 11.725 (Premium Payments), 11.730 (Nursing Facilities and Home Health), 11.745 (Rehab Specialty Services and NEMT), 11.755 (Complex Rehab), 11.760 (Managed Care), 11.762 (MC Specialty Plan), 11.765 (Hospital Care), 11.785 (Health Homes), 11.800 (CHIP), 11.805 (SMHB), 11.815 (Blind).	
2. Estimate how much flexibility will be used for the budget year. How much flexibility was used in the Prior Year Budget and the Current Year Budget? Please specify the amount.	
PRIOR YEAR ACTUAL AMOUNT OF FLEXIBILITY USED	CURRENT YEAR ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED
\$22,097,865	DSS will flex up to 10% between sections.
BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED	
Up to 10% flexibility will be used.	
3. Please explain how flexibility was used in the prior and/or current years.	
PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE
To allow for program payments in Managed Care and Rehab and Specialty Services.	Flexibility allows for MHD to move authority between program sections to ensure bi-monthly payroll obligations are met and services continue to be provided without disruption or delay. Flex allows MHD to shift authority to sections where there is need.

DECISION ITEM DETAIL

Budget Unit	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
PHARMACY-MED PART D-CLAWBACK								
CORE								
PROGRAM DISTRIBUTIONS	247,886,472	0.00	220,981,651	0.00	220,981,651	0.00	0	0.00
TOTAL - PD	247,886,472	0.00	220,981,651	0.00	220,981,651	0.00	0	0.00
GRAND TOTAL	\$247,886,472	0.00	\$220,981,651	0.00	\$220,981,651	0.00	\$0	0.00
GENERAL REVENUE	\$247,886,472	0.00	\$220,981,651	0.00	\$220,981,651	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.700

Program Name: Pharmacy Clawback

Program is found in the following core budget(s): Pharmacy Clawback

1a. What strategic priority does this program address?

Access to safe and effective medications

1b. What does this program do?

The Medicare Prescription Drug, Improvement, and Modernization Act (MMA) of 2003 required that all individuals who are eligible for both Medicare and Medicaid, also known as dual eligibles, receive their prescription drugs through the Medicare Part D program. This change resulted in a significant shift in benefits for elderly and disabled dual eligible participants because they receive their drugs through a prescription drug plan (PDP) rather than through the state's MO HealthNet program. States are required to make a monthly payment to the federal government in lieu of the money that the states would have spent on providing prescription drugs to participants in the MO HealthNet program.

The federal government refers to this payment as the Phased-Down State Contribution, also referred to as Clawback. This Clawback payment is a funding source for the Medicare Part D program.

PAYMENT METHODOLOGY

The Clawback consists of a monthly calculation based on the combination of (a) the state's per capita spending on prescription drugs in 2003, (b) the state's federal Medicaid match rate, (c) the number of dual eligibles residing in the state, and (d) a Phase-Down percentage of state savings to be returned to the federal government, which began with 90% in CY 2006 and phased down to the current floor of 75% in CY 2015. The Clawback rate for each state, as identified by the Centers for Medicare and Medicaid Services (CMS), is multiplied by the number of dual eligibles in each state in order to determine the monthly payment due. The Clawback assessment is paid one month in arrears.

PROGRAM DESCRIPTION

Department: Social Services
Program Name: Pharmacy Clawback
Program is found in the following core budget(s): Pharmacy Clawback

HB Section(s): 11.700

Rate History

Below is a chart showing the historical rates MO HealthNet paid to the federal government. Rates are adjusted each January by CMS, and adjusted again in October to account for changes in Missouri Federal Medical Assistance Percentages (FMAP) rates. In October CMS announces rates for the following January through September time period, and announces the FMAP-adjusted rates once FMAP rates are finalized.

	Clawback Rate	Change
Jan-Sept 23	\$169.84	\$31.85
Oct-Dec 22	\$137.99	\$8.27
Jan-Sept 22	\$129.72	\$8.84
Oct-Dec 21	\$120.88	(\$6.17)
Jan-Sept 21	\$127.05	\$3.52
Oct-Dec 20	\$123.53	\$2.95
Jan-Sept 20	\$120.58	(\$19.27)
Oct-Dec 19	\$139.85	(\$1.01)
Jan-Sept 19	\$140.86	\$2.68
Oct-Dec 18	\$138.18	(\$3.16)
Jan-Sept 18	\$141.34	\$1.71
Oct-Dec 17	\$139.63	(\$5.53)
Jan-Sept 17	\$145.16	\$15.47
Oct-Dec 16	\$129.69	\$0.25
Jan-Sept 16	\$129.44	\$13.47
Oct-Dec 15	\$115.97	\$0.54
Jan-Sept 15	\$115.43	\$1.58

The rate was adjusted at the federal level due to Covid-19.
The rate was adjusted at the federal level due to Covid-19.
The rate was adjusted at the federal level due to Covid-19.
The rate was adjusted at the federal level due to Covid-19.
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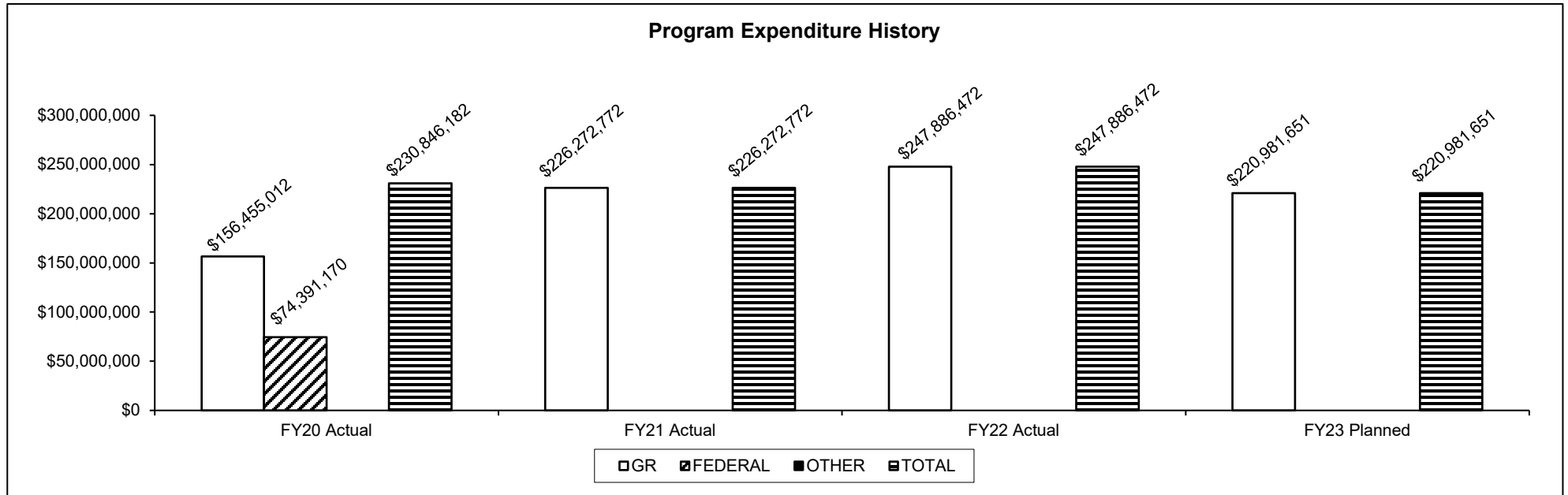
This program is exempt from performance measures as it is a mandated payment to the federal government.

PROGRAM DESCRIPTION

Department: Social Services
Program Name: Pharmacy Clawback
Program is found in the following core budget(s): Pharmacy Clawback

HB Section(s): 11.700

3. Provide actual expenditures for the prior three fiscal years; planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



4. What are the sources of the "Other " funds?

N/A

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

Federal law: Medicare Prescription Drug Improvement and Modernization Act (MMA) of 2003, P.L. 108-173.

6. Are there federal matching requirements? If yes, please explain.

No.

7. Is this a federally mandated program? If yes, please explain.

Yes. All States, including Missouri, are required to make a monthly payment to the federal government to re-direct the money that the states would have spent on providing prescription drugs to participants in MO HealthNet.

Core - Missouri RX Plan

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Missouri Rx Plan

Budget Unit: 90538C

HB Section: 11.705

1. CORE FINANCIAL SUMMARY

FY 2024 Budget Request					FY 2024 Governor's Recommendation				
	GR	Federal	Other	Total		GR	Federal	Other	Total
PS	0	0	0	0	PS	0	0	0	0
EE	0	0	0	0	EE	0	0	0	0
PSD	2,813,493	0	1,188,774	4,002,267	PSD	0	0	0	0
TRF	0	0	0	0	TRF	0	0	0	0
Total	2,813,493	0	1,188,774	4,002,267	Total	0	0	0	0
FTE	0.00	0.00	0.00	0.00	FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: Missouri Rx Plan Fund (0779) - \$1,188,774

Other Funds:

2. CORE DESCRIPTION

The Missouri Rx Plan (MORx) provides pharmaceutical assistance to Medicare/Medicaid dual eligibles. MORx facilitates coordination of benefits between the MORx plan and the federal Medicare Part D drug benefit program established by the Medicare Prescription Drug Improvement and Modernization Act of 2003 (MMA), P.L. 108-173, and enrolls individuals in the program.

3. PROGRAM LISTING (list programs included in this core funding)

Missouri Rx Plan

CORE DECISION ITEM

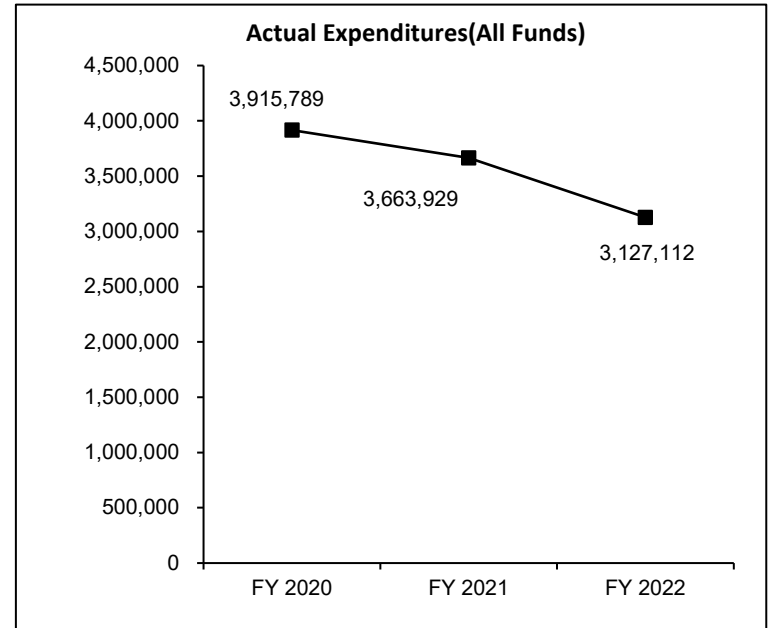
Department: Social Services
Division: MO HealthNet
Core: Missouri Rx Plan

Budget Unit: 90538C

HB Section: 11.705

4. FINANCIAL HISTORY

	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Current Yr.
Appropriation (All Funds)	5,860,516	6,381,746	6,554,552	6,554,552
Less Reverted (All Funds)	(91,183)	0	0	0
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	5,769,333	6,381,746	6,554,552	6,554,552
Actual Expenditures (All Funds)	3,915,789	3,663,929	3,127,112	N/A
Unexpended (All Funds)	1,853,544	2,717,817	3,427,440	N/A
Unexpended, by Fund:				
General Revenue	321,076	320,901	1,131,542	N/A
Federal	0	0	0	N/A
Other	1,532,468	2,396,916	2,295,898	N/A
	(1)	(2)	(3)	



*Current Year restricted amount is as of 9/01/2022.

Reverted includes the statutory three-percent reserve amount (when applicable).

Restricted includes any Governor's Expenditure Restrictions which remained at the end of the fiscal year (when applicable).

NOTES:

(1) FY20 - \$24,968 agency reserve in GR due to estimated lapse. \$1,407,581 agency reserve in MORx fund (0779) due to estimated lapse.

(2) FY21 - New Decision Item funded for Cost to Continue (\$14,620 GR). FY21 MHD Supplemental budget request funded an increase of \$538,913 (GR).

(3) FY22 - New Decision Item funded for Cost to Continue (\$711,719 GR).

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
MISSOURI RX PLAN**

5. CORE RECONCILIATION DETAIL

				Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES										
				PD	0.00	3,765,778	0	2,788,774	6,554,552	
				Total	0.00	3,765,778	0	2,788,774	6,554,552	
DEPARTMENT CORE ADJUSTMENTS										
Core Reduction	676	4235		PD	0.00	(952,285)	0	0	(952,285)	Reduction due to estimated lapse.
Core Reduction	676	1024		PD	0.00	0	0	(1,600,000)	(1,600,000)	Reduction due to estimated lapse.
NET DEPARTMENT CHANGES					0.00	(952,285)	0	(1,600,000)	(2,552,285)	
DEPARTMENT CORE REQUEST										
				PD	0.00	2,813,493	0	1,188,774	4,002,267	
				Total	0.00	2,813,493	0	1,188,774	4,002,267	
GOVERNOR'S RECOMMENDED CORE										
				PD	0.00	2,813,493	0	1,188,774	4,002,267	
				Total	0.00	2,813,493	0	1,188,774	4,002,267	

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
MISSOURI RX PLAN								
CORE								
PROGRAM-SPECIFIC								
GENERAL REVENUE	2,634,236	0.00	3,765,778	0.00	2,813,493	0.00	0	0.00
MISSOURI RX PLAN FUND	492,876	0.00	2,788,774	0.00	1,188,774	0.00	0	0.00
TOTAL - PD	3,127,112	0.00	6,554,552	0.00	4,002,267	0.00	0	0.00
TOTAL	3,127,112	0.00	6,554,552	0.00	4,002,267	0.00	0	0.00
GRAND TOTAL	\$3,127,112	0.00	\$6,554,552	0.00	\$4,002,267	0.00	\$0	0.00

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DECISION ITEM DETAIL

Budget Unit	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
MISSOURI RX PLAN								
CORE								
PROGRAM DISTRIBUTIONS	3,127,112	0.00	6,554,552	0.00	4,002,267	0.00	0	0.00
TOTAL - PD	3,127,112	0.00	6,554,552	0.00	4,002,267	0.00	0	0.00
GRAND TOTAL	\$3,127,112	0.00	\$6,554,552	0.00	\$4,002,267	0.00	\$0	0.00
GENERAL REVENUE	\$2,634,236	0.00	\$3,765,778	0.00	\$2,813,493	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00
OTHER FUNDS	\$492,876	0.00	\$2,788,774	0.00	\$1,188,774	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.705

Program Name: Missouri Rx Plan

Program is found in the following core budget(s): Missouri Rx Plan

1a. What strategic priority does this program address?

Access to safe and effective medications for MHD participants

1b. What does this program do?

The purpose of this program is to coordinate pharmaceutical benefits between the MORx plan and the federal Medicare Part D drug program for Medicare/Medicaid dual eligibles. SB 539 (2005) established a state pharmaceutical assistance program known as the Missouri Rx (MORx) plan. SB 139 (2017) limited the Missouri Rx program to individuals who are eligible for both MO HealthNet and Medicare. SB 514 (2019) removed the MO HealthNet dual eligibility requirement, while retaining the income limitations, subject to appropriations. The MORx program has been reauthorized by the General Assembly through August 28, 2029.

In FY23 it is estimated the program will save participants \$4.4 million in prescription drug costs. Without the assistance offered by MORx, participants who are eligible for both Medicaid and Medicare, also known as dually eligible, could be at a higher risk of medication non-compliance which potentially leads to higher costs to the Medicaid program for resulting medical treatment and worsening of existing health conditions.

Subject to appropriation, the MORx plan pays 50% of members' out of pocket costs which are remaining after their Medicare Prescription Drug Plan pays. MORx does not cover Medicare Part D premiums. MORx works with all Medicare Part D plans to provide members with drug coverage.

PROGRAM DESCRIPTION

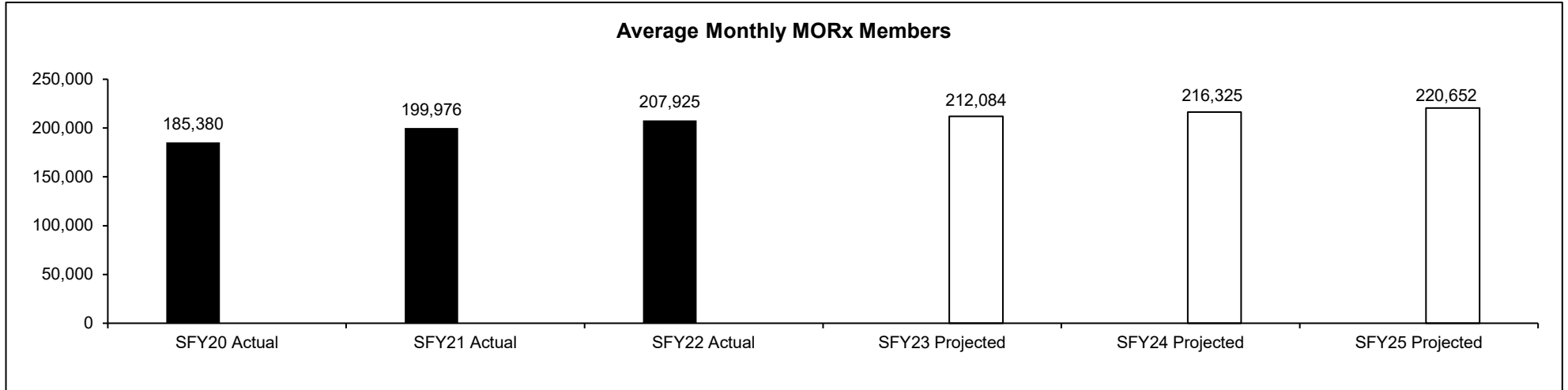
Department: Social Services

HB Section(s): 11.705

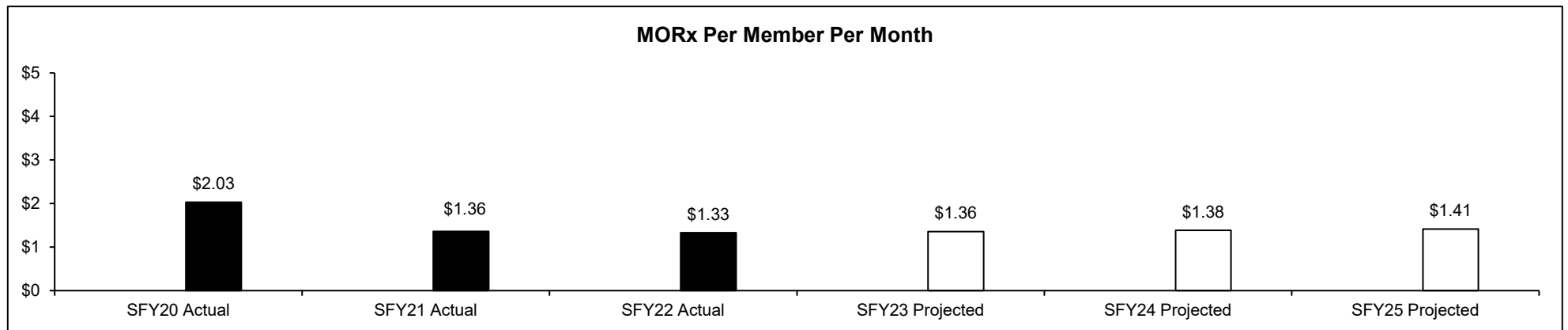
Program Name: Missouri Rx Plan

Program is found in the following core budget(s): Missouri Rx Plan

2a. Provide an activity measure for the program.



2b. Provide a measure of the program's quality.

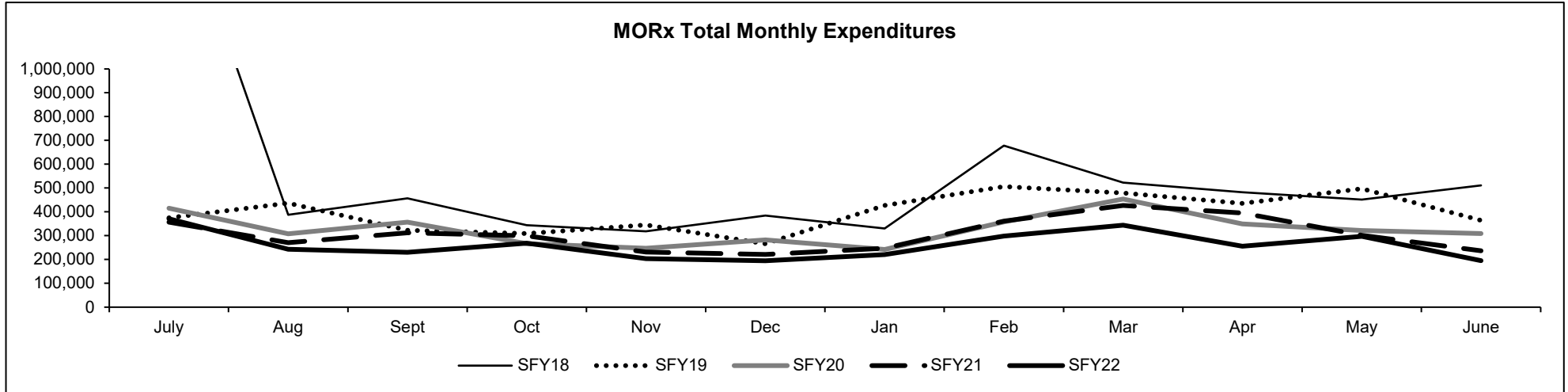


PROGRAM DESCRIPTION

Department: Social Services
Program Name: Missouri Rx Plan
Program is found in the following core budget(s): Missouri Rx Plan

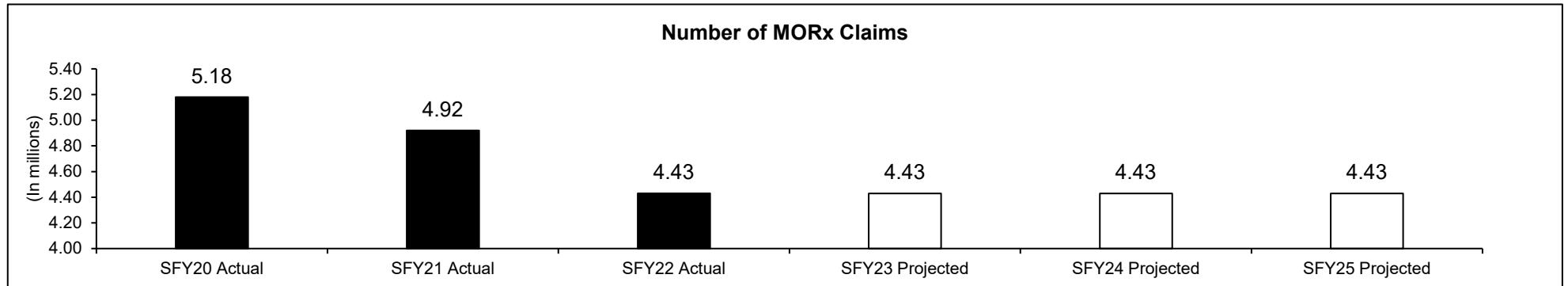
HB Section(s): 11.705

2c. Provide a measure of the program's impact.



FY18 reflects a change in the MORx program coverage to limit it to Dual eligibles.

2d. Provide a measure of the program's efficiency.



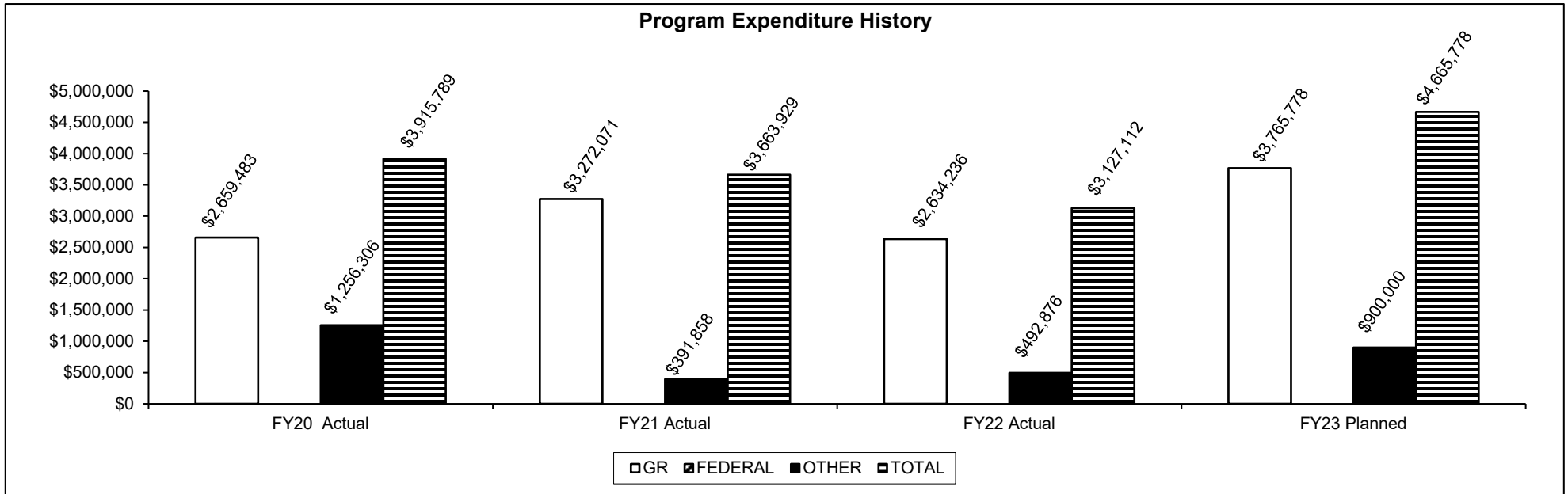
Effective July 01, 2017, the MORx program only covers Dual eligibles. The MORx program has been reauthorized by the General Assembly through August 28, 2029.

PROGRAM DESCRIPTION

Department: Social Services
 Program Name: Missouri Rx Plan
 Program is found in the following core budget(s): Missouri Rx Plan

HB Section(s): 11.705

3. Provide actual expenditures for the prior three fiscal years; planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



FY2023 planned expenditures are net of reserves.

4. What are the sources of the "Other " funds?

Missouri Rx Plan Fund (0779)

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: Sections 208.780 through 208.798, RSMo. Federal law: Medicare Prescription Drug Improvement and Modernization Act of 2003, P.L. 108-173.

6. Are there federal matching requirements? If yes, please explain.

No. This program is funded with 100% state sources.

7. Is this a federally mandated program? If yes, please explain.

No. The MORx program is subject to appropriations.

Core - Pharmacy FRA

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Pharmacy Reimbursement Allowance (PFRA) Payments

Budget Unit: 90542C
HB Section: 11.710

1. CORE FINANCIAL SUMMARY

FY 2024 Budget Request				
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	108,000,000	108,000,000
TRF	0	0	0	0
Total	0	0	108,000,000	108,000,000

FTE 0.00 0.00 0.00 0.00

Est. Fringe	0	0	0	0
Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.				

Other Funds: Pharmacy Reimbursement Allowance Fund (0144) - \$108,000,000

FY 2024 Governor's Recommendation				
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	0	0	0	0
Total	0	0	0	0

FTE 0.00 0.00 0.00 0.00

Est. Fringe	0	0	0	0
Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.				

Other Funds:

2. CORE DESCRIPTION

This item funds payments for pharmacy services provided to MO HealthNet participants. Funds from this core are used to provide enhanced dispensing fee payment rates using the Pharmacy Reimbursement Allowance under the Title XIX of the Social Security Act as a General Revenue equivalent.

3. PROGRAM LISTING (list programs included in this core funding)

Pharmacy Reimbursement Allowance (PFRA) Program

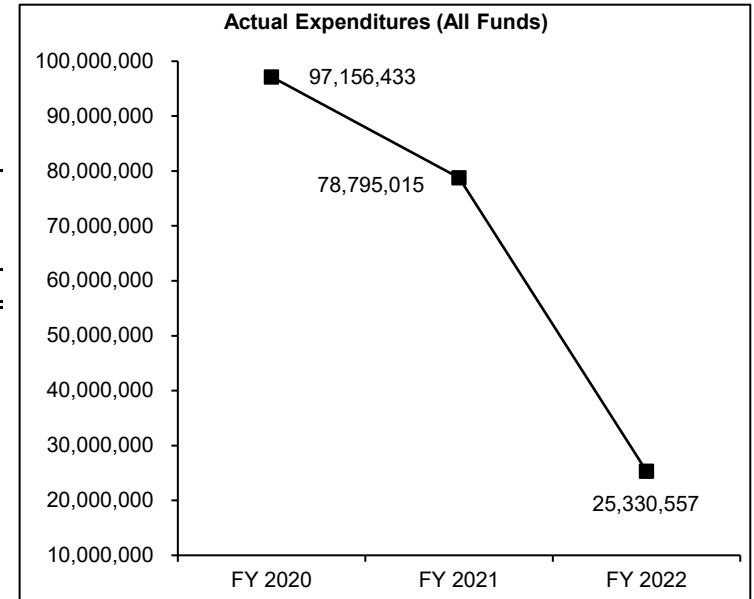
CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Pharmacy Reimbursement Allowance (PFRA) Payments

Budget Unit: 90542C
HB Section: 11.710

4. FINANCIAL HISTORY

	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Current Yr.
Appropriation (All Funds)	108,308,926	108,000,000	108,000,000	108,000,000
Less Reverted (All Funds)	0	0	0	0
Budget Authority (All Funds)	108,308,926	108,000,000	108,000,000	108,000,000
Actual Expenditures (All Funds)	97,156,433	78,795,015	25,330,557	N/A
Unexpended (All Funds)	11,152,493	29,204,985	82,669,443	N/A
Unexpended, by Fund:				
General Revenue	0	0	0	N/A
Federal	0	0	0	N/A
Other	11,152,493	29,204,985	82,669,443	N/A
		(1)		



*Current Year restricted amount is as of 9/01/2022.

Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

(1) FY21 - Core budget request funded for \$65,000,000. FY21 Supplemental budget requested funded for \$43,000,000.

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
PHARMACY FRA**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	PD	0.00	0	0	108,000,000	108,000,000	
	Total	0.00	0	0	108,000,000	108,000,000	
DEPARTMENT CORE REQUEST							
	PD	0.00	0	0	108,000,000	108,000,000	
	Total	0.00	0	0	108,000,000	108,000,000	
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	0	0	108,000,000	108,000,000	
	Total	0.00	0	0	108,000,000	108,000,000	

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
PHARMACY FRA								
CORE								
PROGRAM-SPECIFIC								
PHARMACY REIMBURSEMENT ALLOWAN	25,330,557	0.00	108,000,000	0.00	108,000,000	0.00	0	0.00
TOTAL - PD	25,330,557	0.00	108,000,000	0.00	108,000,000	0.00	0	0.00
TOTAL	25,330,557	0.00	108,000,000	0.00	108,000,000	0.00	0	0.00
GRAND TOTAL	\$25,330,557	0.00	\$108,000,000	0.00	\$108,000,000	0.00	\$0	0.00

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DECISION ITEM DETAIL

Budget Unit	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
PHARMACY FRA								
CORE								
PROGRAM DISTRIBUTIONS	25,330,557	0.00	108,000,000	0.00	108,000,000	0.00	0	0.00
TOTAL - PD	25,330,557	0.00	108,000,000	0.00	108,000,000	0.00	0	0.00
GRAND TOTAL	\$25,330,557	0.00	\$108,000,000	0.00	\$108,000,000	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$0	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00
OTHER FUNDS	\$25,330,557	0.00	\$108,000,000	0.00	\$108,000,000	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.710

Program Name: Pharmacy Reimbursement Allowance (PFRA) Payments

Program is found in the following core budget(s): PFRA

1a. What strategic priority does this program address?

Access to safe and effective medications

1b. What does this program do?

Funds from this core are used to provide enhanced dispensing fee payment rates using the Pharmacy Reimbursement Allowance under the Title XIX of the Social Security Act as a General Revenue equivalent. Pharmacies are assessed a provider tax for the privilege of doing business in the state. The assessment is a general revenue equivalent, and when used to make valid Medicaid payments, can earn federal Medicaid matching funds. These earnings fund pharmacy expenditures in the MO HealthNet program.

The pharmacy tax was established in 2002. The tax is assessed on gross prescription receipts of all pharmacies in the state. In FY22, 1,271 pharmacy facilities were assessed, and 1,256 pharmacy facilities participated in the MO HealthNet program. The assessments in FY22 were \$47.3 million.

SFY21 Tax Rates	
Effective Date	PFRA Rate
07/01/2020-06/30/2021	1.40%

SFY22 Tax Rates	
Effective Date	PFRA Rate
07-01-2021-09-30-2021	0.44%
10-01-2021-06-30-2022	0.63%

SFY23 Tax Rates	
Effective Date	PFRA Rate
07/01/2022-06/30/2023	0.37%

The PFRA program has been reauthorized by the General Assembly through September 30, 2024

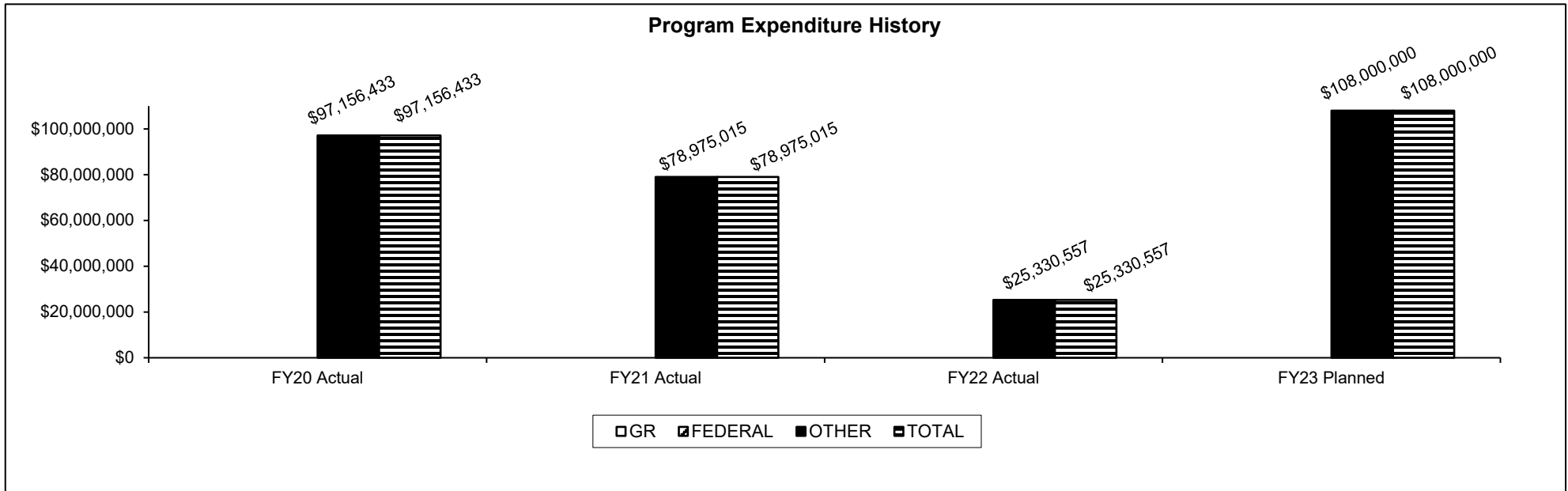
This program is exempt from performance measures as it is an accounting mechanism.

PROGRAM DESCRIPTION

Department: Social Services
Program Name: Pharmacy Reimbursement Allowance (PFRA) Payments
Program is found in the following core budget(s): PFRA

HB Section(s): 11.710

3. Provide actual expenditures for the prior three fiscal years; planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



4. What are the sources of the "Other " funds?

Pharmacy Reimbursement Allowance Fund (0144)

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

Missouri statute: Section 338.500, RSMo. Federal law: Social Security Act Section 1903(w). State Regulation: 13 CSR 70-20. Federal Regulation: 42 CFR 433 Subpart B.

6. Are there federal matching requirements? If yes, please explain.

The FMAP (Federal Medical Assistance Percentage) fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%.

7. Is this a federally mandated program? If yes, please explain.

No.

Core - Physician Related

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Physician

Budget Unit: 90544C, 90592C, 90842C

HB Section: 11.715

1. CORE FINANCIAL SUMMARY

FY 2024 Budget Request					FY 2024 Governor's Recommendation				
	GR	Federal	Other	Total		GR	Federal	Other	Total
PS	0	0	0	0	PS	0	0	0	0
EE	0	0	0	0	EE	0	0	0	0
PSD	206,655,505	395,388,302	1,678,127	603,721,934	PSD	0	0	0	0
TRF	0	0	0	0	TRF	0	0	0	0
Total	206,655,505	395,388,302	1,678,127	603,721,934	Total	0	0	0	0
FTE					FTE				
	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.00
Est. Fringe	0	0	0	0	Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>					<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds: Health Initiatives Fund (HIF) (0275) - \$1,427,081
Pharmacy Reimbursement Allowance Fund (0144) - \$10,000
Third Party Liability Collections Fund (0120) - \$241,046

Other Funds:

2. CORE DESCRIPTION

This item funds physician-related services provided to fee-for-service MO HealthNet participants.

3. PROGRAM LISTING (list programs included in this core funding)

Physician
Neonatal Abstinence Syndrome
Trauma Treatment for Kids

CORE DECISION ITEM

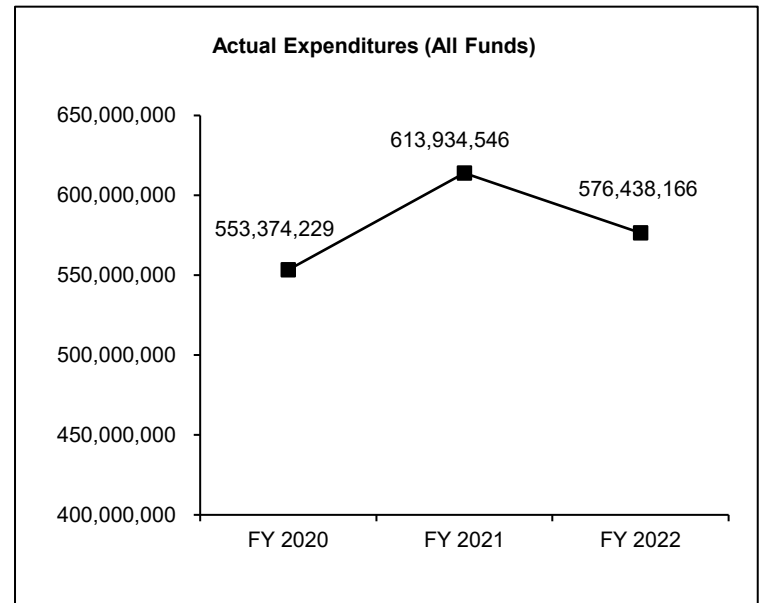
Department: Social Services
Division: MO HealthNet
Core: Physician

Budget Unit: 90544C, 90592C, 90842C

HB Section: 11.715

4. FINANCIAL HISTORY

	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Current Yr
Appropriation (All Funds)	575,732,483	620,841,934	603,504,031	603,845,646
Less Reverted (All Funds)	0	(27,539)	0	0
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	575,732,483	620,814,395	603,504,031	603,845,646
Actual Expenditures (All Funds)	553,374,229	613,934,546	576,438,166	N/A
Unexpended (All Funds)	22,358,254	6,879,849	27,065,865	N/A
Unexpended, by Fund:				
General Revenue	180,954	1,514,936	498,246	N/A
Federal	22,177,300	5,364,913	26,567,619	N/A
Other	0	0	0	N/A
	(1)	(2)	(3)	



*Current Year restricted amount is as of 9/01/2022.

Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

(1) FY20 - \$42,800,000 GR was flexed in to cover program expenditures.

(2) FY21 - New Decision Items funded for FMAP Adjustment (\$23,997,536 GR), Cost to Continue (\$24,974,999 GR), Asset Limit CTC (\$363,378 GR; \$678,806 Fed), Asset Limit Phase-In (\$90,465 GR; \$168,991). \$1,000,000 GR and \$21,309,127 Fed was flexed in to cover program expenditures. \$4,680,173 GR and \$18,717,643 was flexed out

(3) FY22 - New Decision Items funded for FMAP Adjustment (\$7,822,883 Fed), Cost to Continue (\$3,823,761 GR; \$47,823,835 Fed), GR pickup for Tobacco Shortfall (\$3,277,537 GR), Asset Limit CTC (\$291,554 GR; \$566,210 Fed), Autism Services Rate Increase (\$252,465 GR; \$490,297 Fed). Supplemental awarded for \$60,182,980. \$1,500,000 GR and \$11,800,000 Fed was flexed in. \$923,475 Neonatal fund 0163 was held in agency reserve.

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
PHYSICIAN RELATED PROF**

5. CORE RECONCILIATION DETAIL

				Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES				PD	0.00	207,453,315	394,714,204	1,678,127	603,845,646	
Total					0.00	207,453,315	394,714,204	1,678,127	603,845,646	
DEPARTMENT CORE ADJUSTMENTS										
Core Reduction	677	8898	PD	0.00		0	(1,558,546)	0	(1,558,546)	Reduction due to excess CHIP authority.
Core Reduction	1082	8196	PD	0.00		(1,948,631)	0	0	(1,948,631)	Reduction due to estimated lapse.
Core Reallocation	678	8197	PD	0.00		0	484,825	0	484,825	Reallocation of MC Neonatal Parity to Physician.
Core Reallocation	678	8196	PD	0.00		249,647	0	0	249,647	Reallocation of MC Neonatal Parity to Physician.
NET DEPARTMENT CHANGES					0.00	(1,698,984)	(1,073,721)	0	(2,772,705)	
DEPARTMENT CORE REQUEST										
				PD	0.00	205,754,331	393,640,483	1,678,127	601,072,941	
Total					0.00	205,754,331	393,640,483	1,678,127	601,072,941	
GOVERNOR'S RECOMMENDED CORE										
				PD	0.00	205,754,331	393,640,483	1,678,127	601,072,941	
Total					0.00	205,754,331	393,640,483	1,678,127	601,072,941	

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
NEONATAL ABSTINENCE SYNDROME**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	PD	0.00	475,518	923,475	0	1,398,993	
	Total	0.00	475,518	923,475	0	1,398,993	
DEPARTMENT CORE REQUEST							
	PD	0.00	475,518	923,475	0	1,398,993	
	Total	0.00	475,518	923,475	0	1,398,993	
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	475,518	923,475	0	1,398,993	
	Total	0.00	475,518	923,475	0	1,398,993	

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
TRAUMA TREAT**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	PD	0.00	425,656	824,344	0	1,250,000	
	Total	0.00	425,656	824,344	0	1,250,000	
DEPARTMENT CORE REQUEST							
	PD	0.00	425,656	824,344	0	1,250,000	
	Total	0.00	425,656	824,344	0	1,250,000	
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	425,656	824,344	0	1,250,000	
	Total	0.00	425,656	824,344	0	1,250,000	

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
PHYSICIAN RELATED PROF								
CORE								
PROGRAM-SPECIFIC								
GENERAL REVENUE	179,323,839	0.00	207,453,315	0.00	205,754,331	0.00	0	0.00
CHILDRENS HEALTH INSURANCE	0	0.00	1,558,546	0.00	0	0.00	0	0.00
TITLE XIX-FEDERAL AND OTHER	377,574,348	0.00	393,155,658	0.00	393,640,483	0.00	0	0.00
TITLE XIX ADULT EXPANSION FED	12,808,207	0.00	0	0.00	0	0.00	0	0.00
MEDICAID STABILIZATION	4,290,016	0.00	0	0.00	0	0.00	0	0.00
THIRD PARTY LIABILITY COLLECT	241,046	0.00	241,046	0.00	241,046	0.00	0	0.00
PHARMACY REIMBURSEMENT ALLOWAN	10,000	0.00	10,000	0.00	10,000	0.00	0	0.00
HEALTH INITIATIVES	1,427,081	0.00	1,427,081	0.00	1,427,081	0.00	0	0.00
TOTAL - PD	575,674,537	0.00	603,845,646	0.00	601,072,941	0.00	0	0.00
TOTAL	575,674,537	0.00	603,845,646	0.00	601,072,941	0.00	0	0.00
MHD CTC - 1886009								
PROGRAM-SPECIFIC								
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	24,028,467	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	24,028,467	0.00	0	0.00
TOTAL	0	0.00	0	0.00	24,028,467	0.00	0	0.00
GRAND TOTAL	\$575,674,537	0.00	\$603,845,646	0.00	\$625,101,408	0.00	\$0	0.00

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DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
NEONATAL ABSTINENCE SYNDROME								
CORE								
PROGRAM-SPECIFIC								
GENERAL REVENUE	438,457	0.00	475,518	0.00	475,518	0.00	0	0.00
TITLE XIX-FEDERAL AND OTHER	0	0.00	923,475	0.00	923,475	0.00	0	0.00
TOTAL - PD	438,457	0.00	1,398,993	0.00	1,398,993	0.00	0	0.00
TOTAL	438,457	0.00	1,398,993	0.00	1,398,993	0.00	0	0.00
GRAND TOTAL	\$438,457	0.00	\$1,398,993	0.00	\$1,398,993	0.00	\$0	0.00

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DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
TRAUMA TREAT								
CORE								
PROGRAM-SPECIFIC								
GENERAL REVENUE	110,002	0.00	425,656	0.00	425,656	0.00	0	0.00
TITLE XIX-FEDERAL AND OTHER	215,170	0.00	824,344	0.00	824,344	0.00	0	0.00
TOTAL - PD	325,172	0.00	1,250,000	0.00	1,250,000	0.00	0	0.00
TOTAL	325,172	0.00	1,250,000	0.00	1,250,000	0.00	0	0.00
GRAND TOTAL	\$325,172	0.00	\$1,250,000	0.00	\$1,250,000	0.00	\$0	0.00

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FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90544C BUDGET UNIT NAME: Physician HOUSE BILL SECTION: 11.715	DEPARTMENT: Social Services DIVISION: MO HealthNet
1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.	
Department Request	
.25% of flexibility is requested between sections 11.600 (MHD Admin), 11.620 (Information Systems), 11.700 (Pharmacy and Clawback), 11.715 (Physician Related Prof), 11.730 (Nursing Facilities and Home Health), 11.745 (Rehab Specialty Services and NEMT), 11.750 (GEMT), 11.760 (Managed Care), 11.762 (MC Specialty Plan), and 11.765 (Hospital Care).	
2. Estimate how much flexibility will be used for the budget year. How much flexibility was used in the Prior Year Budget and the Current Year Budget? Please specify the amount.	
PRIOR YEAR ACTUAL AMOUNT OF FLEXIBILITY USED	CURRENT YEAR ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED
\$0	DSS will flex up to .25% between sections.
BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED	
Up to .25% flexibility will be used.	
3. Please explain how flexibility was used in the prior and/or current years.	
PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE
N/A	Flex is to be used in the Administration and Information System sections that allows MHD to pay for contractual expenditures to allow MHD to continue oversight and operation of the Medicaid program.

FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90544C BUDGET UNIT NAME: Physician HOUSE BILL SECTION: 11.715	DEPARTMENT: Social Services DIVISION: MO HealthNet
1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.	
Department Request	
10% flexibility is requested between sections 11.700 (Pharmacy and Clawback), 11.715 (Physician Related Prof), 11.720 (Dental), 11.725 (Premium Payments), 11.730 (Nursing Facilities and Home Health), 11.745 (Rehab Specialty Services and NEMT), 11.755 (Complex Rehab), 11.760 (Managed Care), 11.762 (MC Specialty Plan), 11.765 (Hospital Care), 11.785 (Health Homes), 11.800 (CHIP), 11.805 (SMHB), 11.815 (Blind).	
2. Estimate how much flexibility will be used for the budget year. How much flexibility was used in the Prior Year Budget and the Current Year Budget? Please specify the amount.	
PRIOR YEAR ACTUAL AMOUNT OF FLEXIBILITY USED	CURRENT YEAR ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED
\$23,397,816	DSS will flex up to 10% between sections.
BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED	
Up to 10% flexibility will be used.	
3. Please explain how flexibility was used in the prior and/or current years.	
PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE
To allow for program payments in Managed Care, Nursing Facilities, Premium Payments, and Show Me Healthy Babies.	Flexibility allows for MHD to move authority between program sections to ensure bi-monthly payroll obligations are met and services continue to be provided without disruption or delay. Flex allows MHD to shift authority to sections where there is need.

DECISION ITEM DETAIL

Budget Unit	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
PHYSICIAN RELATED PROF								
CORE								
PROGRAM DISTRIBUTIONS	575,674,537	0.00	603,845,646	0.00	601,072,941	0.00	0	0.00
TOTAL - PD	575,674,537	0.00	603,845,646	0.00	601,072,941	0.00	0	0.00
GRAND TOTAL	\$575,674,537	0.00	\$603,845,646	0.00	\$601,072,941	0.00	\$0	0.00
GENERAL REVENUE	\$179,323,839	0.00	\$207,453,315	0.00	\$205,754,331	0.00		0.00
FEDERAL FUNDS	\$394,672,571	0.00	\$394,714,204	0.00	\$393,640,483	0.00		0.00
OTHER FUNDS	\$1,678,127	0.00	\$1,678,127	0.00	\$1,678,127	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
NEONATAL ABSTINENCE SYNDROME								
CORE								
PROGRAM DISTRIBUTIONS	438,457	0.00	1,398,993	0.00	1,398,993	0.00	0	0.00
TOTAL - PD	438,457	0.00	1,398,993	0.00	1,398,993	0.00	0	0.00
GRAND TOTAL	\$438,457	0.00	\$1,398,993	0.00	\$1,398,993	0.00	\$0	0.00
GENERAL REVENUE	\$438,457	0.00	\$475,518	0.00	\$475,518	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$923,475	0.00	\$923,475	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
TRAUMA TREAT								
CORE								
PROGRAM DISTRIBUTIONS	325,172	0.00	1,250,000	0.00	1,250,000	0.00	0	0.00
TOTAL - PD	325,172	0.00	1,250,000	0.00	1,250,000	0.00	0	0.00
GRAND TOTAL	\$325,172	0.00	\$1,250,000	0.00	\$1,250,000	0.00	\$0	0.00
GENERAL REVENUE	\$110,002	0.00	\$425,656	0.00	\$425,656	0.00		0.00
FEDERAL FUNDS	\$215,170	0.00	\$824,344	0.00	\$824,344	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.715

Program Name: Physician

Program is found in the following core budget(s): Physician

1a. What strategic priority does this program address?

Sustain healthy lives by increasing preventive services

1b. What does this program do?

This program funds physician-related services provided to fee-for-service MO HealthNet participants.

Services are provided by:

- Physicians
- Podiatrists
- Chiropractors
- Advanced Practitioners
 - Advanced Practice Registered Nurses (APRN) or Nurse Practitioners (NP)
 - Nurse Midwives
 - Physician Assistants (PA)
 - Assistant Physicians (AP) once licensed by the Board of Healing Arts
 - Certified Registered Nurse Anesthetists (CRNA) and Anesthesiologists Assistants (AA)
- Behavioral health providers
 - Psychiatrists
 - Psychologists, included provisional licensees
 - Licensed professional counselors (LPC), including provisional licensees
 - Licensed clinical social workers (LCSW), including provisional licensees
 - Licensed behavior analysts

Services may be billed by the providers listed above or on behalf of professional services provided at the following locations:

- Clinics
- Rural health clinics (RHC)
- Federally qualified health centers (FQHC)
- Ambulatory surgical centers (ASC)
- Lab and x-ray facilities
- Independent diagnostic testing facilities
- Participant's home
- Hospital (Inpatient and Outpatient settings)
- Nursing facilities
- Free Standing Birth Centers

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.715

Program Name: Physician

Program is found in the following core budget(s): Physician

Reimbursement Methodology

The majority of services provided by physician-related professionals are reimbursed on a fee schedule; whereby each procedure or claim is priced individually by a medical consultant based on the unique circumstances of the case. Certain procedures are only reimbursable with prior approval. A few services are reimbursed manually.

Services rendered by someone other than a physician or podiatrist, including appropriate supplies, are billable on behalf of the physician only where there is direct personal supervision by the physician. This applies to services rendered by auxiliary personnel employed by the physician and working under his/her on-site supervision. Auxiliary personnel include nurses, non-physician anesthetists (including Certified Registered Nurse Anesthetists and Anesthesiologist Assistants), technicians, and other aides.

The following advanced practitioners can bill MO HealthNet independently from a physician, but must still operate within the terms of their collaborative practice arrangement with the physician:

- Advanced Practice Registered Nurses (APRN) and Nurse Practitioners (NP),
- Nurse Midwives,
- Physician Assistants (PA), and
- Assistant Physicians (AP).

The services of physicians, podiatrists, advanced practitioners, chiropractors, and behavioral health providers may be administered in multiple settings including the physician's office, the participant's home (or other place of residence such as a nursing facility), the hospital (inpatient/outpatient) or settings such as a medical clinic or ambulatory surgical care facility. The services of a nurse midwife may also be administered in the home of the participant (delivery and newborn care only) or a birthing center.

MO HealthNet reimbursement may also be made directly to the facility which employs the health care professionals. Facilities that receive direct payment from the physician-related services program include clinics, laboratory and x-ray facilities, independent diagnostic testing facilities (IDTF), rural health clinics (RHC), federally qualified health centers (FQHC), free standing birth centers and hospitals (inpatient and outpatient). Each provider offering health care services through the facility (with the exception of RHCs), in addition to being employed by the participating clinic, must be a MO HealthNet provider. Ambulatory surgical centers are also reimbursed for a facility fee which does not include professional services of the performing practitioner.

Obesity Program

The MO HealthNet Division implemented an Obesity Program that allows MO HealthNet to pay for the biopsychosocial treatment of obesity for youth and adult participants. The goal of this policy is to improve health outcomes for both the youth and adult population by managing obesity and associated co-morbidities.

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.715

Program Name: Physician

Program is found in the following core budget(s): Physician

Diabetes Prevention Program

The MO HealthNet Division implemented a Diabetes Prevention Program (DPP) for adult participants at risk for developing type-2 diabetes. It is a structured lifestyle intervention following the Center for Disease Control's (CDC) curriculum that includes dietary coaching, lifestyle intervention, and moderate physical activity, all with the goal of preventing the onset of diabetes in individuals who are pre-diabetic.

Rate History

7/1/22: Various rate increases for physician related services. Rates increased to 83% of Medicare rates for Preventive codes and Evaluation & Management (E/M) codes, 75% of Medicare for other services, and a 50.75% increase for physician-related codes without a Medicare comparison.

7/1/19: 1.5% rate increase for all physician related services.

7/1/18: 1.5% rate increase for rate restoration for physician related services.

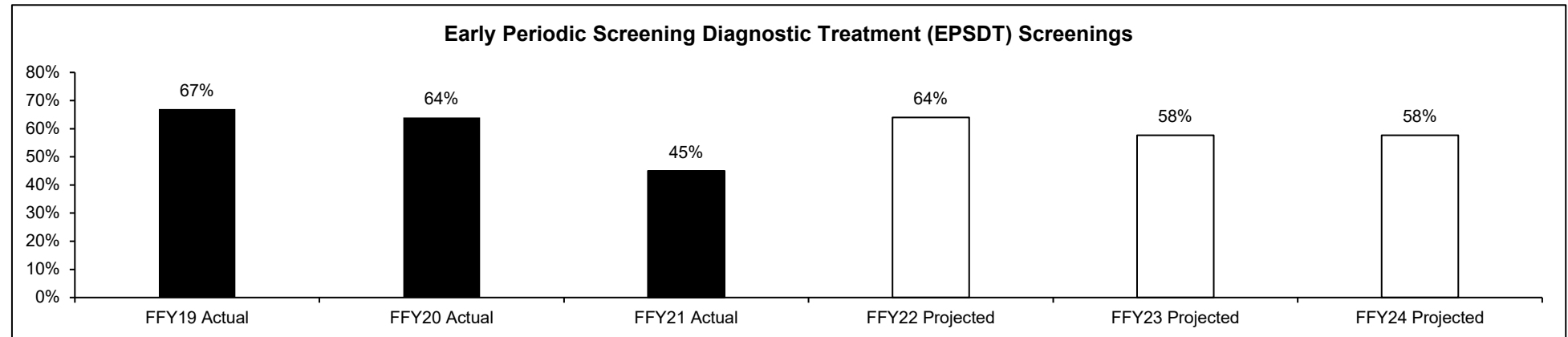
7/1/17: 3% rate decrease for all physician related services.

7/1/16: 2% rate increase for all physician related services.

7/1/16: 3.79% rate increase for Medicare parity for physician related services.

1/1/16: 1% rate increase for all physician related services.

2a. Provide an activity measure for the program.



The Healthy Children and Youth (HCY) Program in Missouri, also known as Early Periodic Screening, Diagnosis and Treatment (EPSDT), is a comprehensive, primary and preventive health care program for MO HealthNet eligible children and youth under the age of 21 years. The HCY Program provides screenings and treatment to correct or ameliorate defects and chronic conditions found during the screening. The measure is based on the Federal Fiscal year in which the report was submitted to CMS.

FFY22 data is not available until February 2023.

PROGRAM DESCRIPTION

Department: Social Services

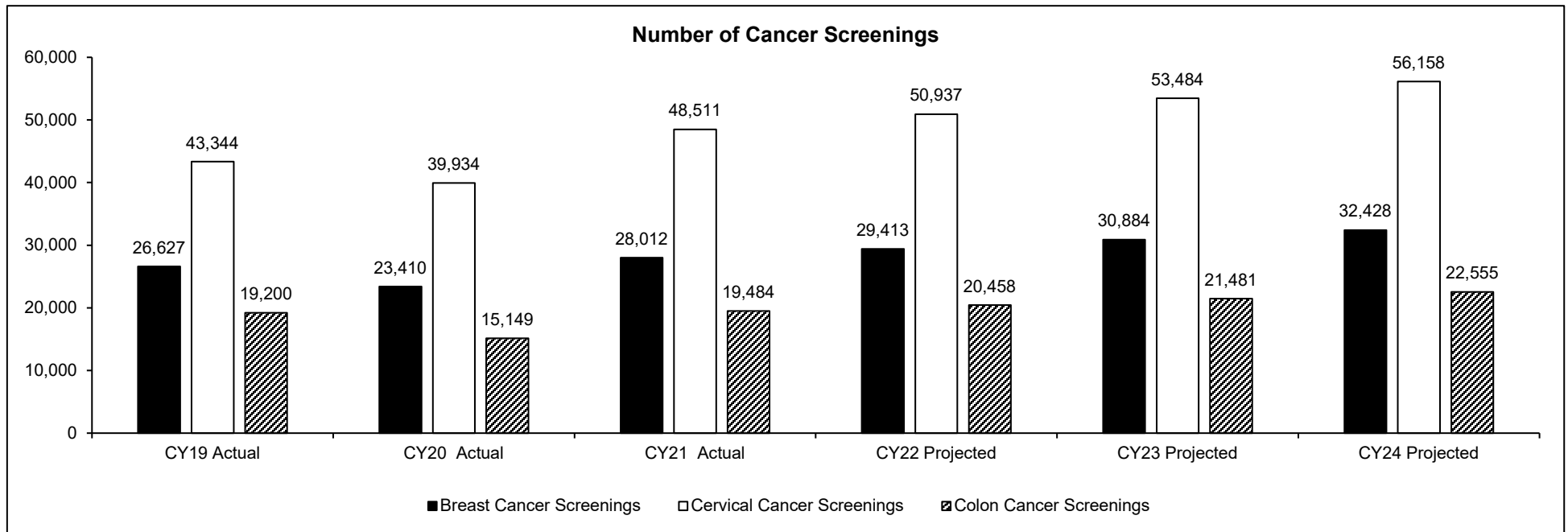
HB Section(s): 11.715

Program Name: Physician

Program is found in the following core budget(s): Physician

2b. Provide a measure of the program's quality.

Receiving preventive services such as breast, cervical, and colon cancer screenings are just a few examples of ways people can stay healthy. It is important to educate MO HealthNet participants of the importance of preventive care. An increase of 5% in breast, cervical and colon cancer screenings each year will show that the program is having a meaningful impact, by showing participants the importance of preventive screenings to catch cancers early, improve the treatment, and lessen the cost of the disease.



Notes:

The chart above includes Fee-for-Service (FFS) only, therefore the number of cancer screenings was expected to drop after FY 2017 due to statewide Managed Care.

The data for breast cancer screenings is on FFS women aged 40 years and older.

The data for cervical cancer screenings is on FFS women aged 18 and over.

The data for colon cancer screenings is on participants age 50 and over. The number of colon cancer screenings is lower than breast and cervical cancer screenings. This can be attributed to Medicare paying for services when participants are age 65 and older.

PROGRAM DESCRIPTION

Department: Social Services

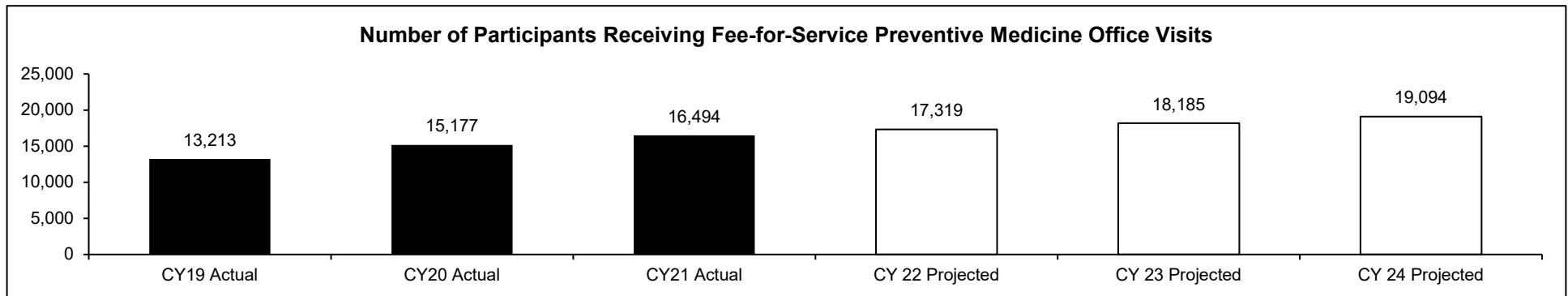
Program Name: Physician

Program is found in the following core budget(s): Physician

HB Section(s): 11.715

2c. Provide a measure of the program's impact.

Increase the number of adult preventive office visits. MO HealthNet pays for one preventive examination/physical per year. Preventive visits are important for maintenance of good health and a reduction in risk factors that could lead to more expensive health care costs.

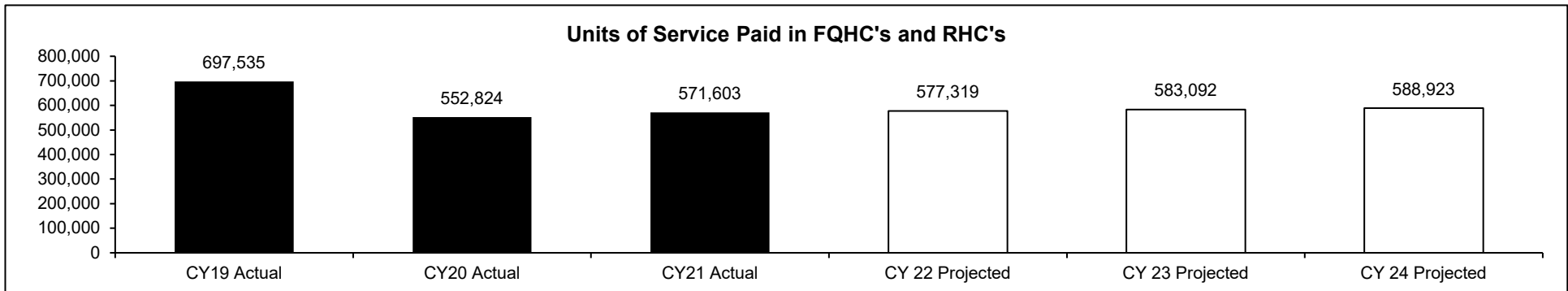


An increase of 5% would show the program is having a meaningful impact by showing participants the importance of preventive screenings.

Note: The chart above includes FFS only.

2d. Provide a measure of the program's efficiency.

Services in an FQHC and RHC provide primary care services to those in rural areas assuring that they receive preventive care which also lessens the cost of diseases.



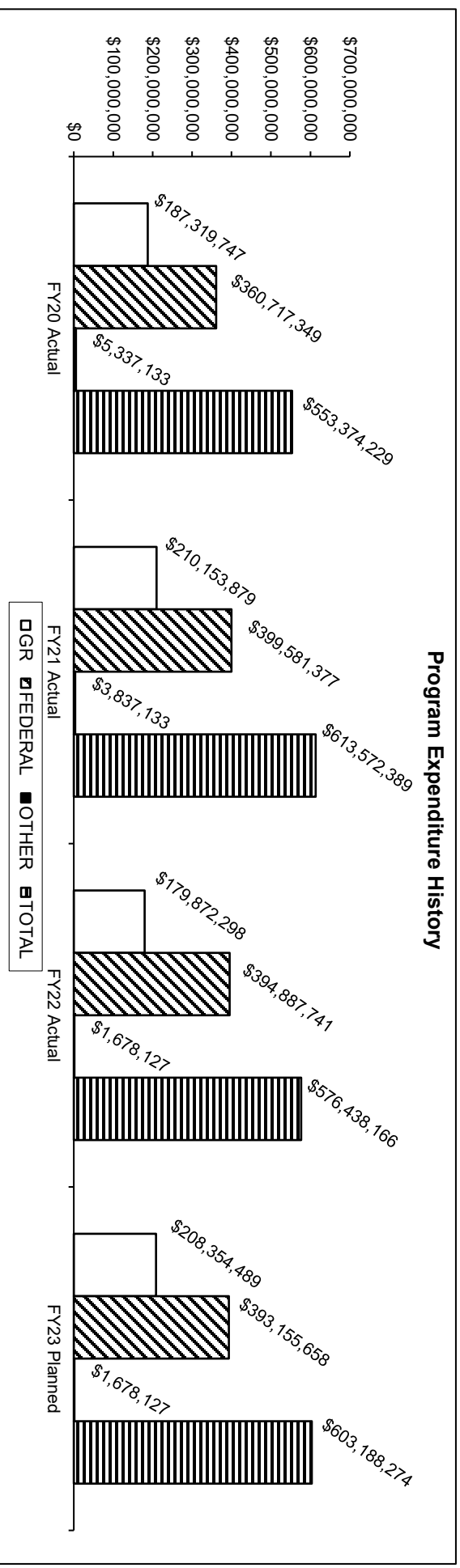
Note: The chart above includes FFS only.

PROGRAM DESCRIPTION

HB Section(s): 11.715

Department: Social Services
Program Name: Physician
Program is found in the following core budget(s): Physician

3. Provide actual expenditures for the prior three fiscal years; planned expenditures for the current fiscal year. (Note: Amounts do not include fringe



In FY2022, AEG expenditures are included in total payments. Federal Fund 0809 was used to cover the state share of AEG expenditures. Planned FY2023 expenditures are net of reserves.

4. What are the sources of the "Other " funds?

Health Initiatives Fund (HIF) (0275), Pharmacy Reimbursement Allowance Fund (0144), and Third Party Liability Collections Fund (0120).

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: Sections 208.153 and 208.166 RSMo. Federal law: Social Security Act Sections 1905(a)(2), (3), (5), (6), (9), (17), (21); 1905(r) and 1915(d). Federal regulations: 42 CFR 440.210, 440.500, 412.113(c) and 441 Subpart B.

6. Are there federal matching requirements? If yes, please explain.

The FMAP (Federal Medical Assistance Percentage) fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%.

7. Is this a federally mandated program? If yes, please explain.

Yes, if the state elects to have a Medicaid program. Some services are optional: podiatry, clinics, nurse practitioners, CRNA, Psychologist, and LCSW.

Core - PACE

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Program for All-Inclusive Care for the Elderly (PACE)

Budget Unit: 90568C
HB Section: 11.715

1. CORE FINANCIAL SUMMARY

FY 2024 Budget Request					FY 2024 Governor's Recommendation				
	GR	Federal	Other	Total		GR	Federal	Other	Total
PS	0	0	0	0	PS	0	0	0	0
EE	0	0	0	0	EE	0	0	0	0
PSD	1,493,338	2,892,061	0	4,385,399	PSD	0	0	0	0
TRF	0	0	0	0	TRF	0	0	0	0
Total	1,493,338	2,892,061	0	4,385,399	Total	0	0	0	0
FTE	0.00	0.00	0.00	0.00	FTE	0.00	0.00	0.00	0.00
Est. Fringe	0	0	0	0	Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>					<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds: N/A

Other Funds:

2. CORE DESCRIPTION

This item funds payments provided to the Program for All-Inclusive Care for the Elderly (PACE). PACE provides a full range of preventive, primary, acute, in-home, and long-term care services. All medical services authorized and delivered to the participant while enrolled in the PACE program are the financial responsibility of the PACE provider.

3. PROGRAM LISTING (list programs included in this core funding)

PACE

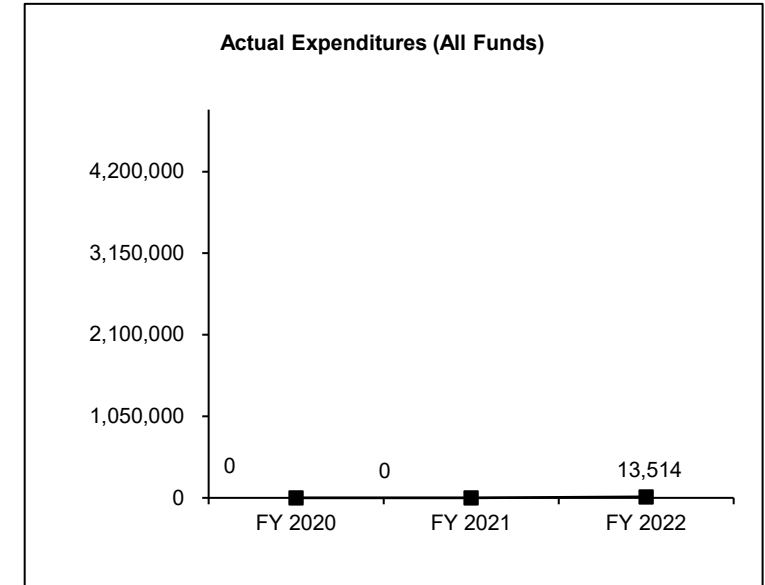
CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Program for All-Inclusive Care for the Elderly (PACE)

Budget Unit: 90568C
HB Section: 11.715

4. FINANCIAL HISTORY

	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Current Yr
Appropriation (All Funds)	0	0	556,102	4,385,399
Less Reverted (All Funds)	0	0	0	(44,800)
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	0	0	556,102	4,340,599
Actual Expenditures (All Funds)	0	0	13,514	N/A
Unexpended (All Funds)	0	0	542,588	N/A
Unexpended, by Fund:				
General Revenue	0	0	184,473	N/A
Federal	0	0	358,115	N/A
Other	0	0	0	N/A
			(1)	



*Current Year restricted amount is as of 9/01/2022.

Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

(1) FY22 - Supplemental was awarded for \$556,102. Funding for this program previously found under Physician-Related Services HB 11.715.

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
PACE**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	PD	0.00	1,493,338	2,892,061	0	4,385,399	
	Total	0.00	1,493,338	2,892,061	0	4,385,399	
DEPARTMENT CORE REQUEST							
	PD	0.00	1,493,338	2,892,061	0	4,385,399	
	Total	0.00	1,493,338	2,892,061	0	4,385,399	
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	1,493,338	2,892,061	0	4,385,399	
	Total	0.00	1,493,338	2,892,061	0	4,385,399	

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
PACE								
CORE								
PROGRAM-SPECIFIC								
GENERAL REVENUE	4,546	0.00	1,493,338	0.00	1,493,338	0.00	0	0.00
TITLE XIX-FEDERAL AND OTHER	8,968	0.00	2,892,061	0.00	2,892,061	0.00	0	0.00
TOTAL - PD	13,514	0.00	4,385,399	0.00	4,385,399	0.00	0	0.00
TOTAL	13,514	0.00	4,385,399	0.00	4,385,399	0.00	0	0.00
GRAND TOTAL	\$13,514	0.00	\$4,385,399	0.00	\$4,385,399	0.00	\$0	0.00

DECISION ITEM DETAIL

Budget Unit	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
PACE								
CORE								
PROGRAM DISTRIBUTIONS	13,514	0.00	4,385,399	0.00	4,385,399	0.00	0	0.00
TOTAL - PD	13,514	0.00	4,385,399	0.00	4,385,399	0.00	0	0.00
GRAND TOTAL	\$13,514	0.00	\$4,385,399	0.00	\$4,385,399	0.00	\$0	0.00
GENERAL REVENUE	\$4,546	0.00	\$1,493,338	0.00	\$1,493,338	0.00		0.00
FEDERAL FUNDS	\$8,968	0.00	\$2,892,061	0.00	\$2,892,061	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.715

Program Name: Programs for All-Inclusive Care for the Elderly (PACE)

Program is found in the following core budget(s): Physicians

1a. What strategic priority does this program address?

Programs for All-Inclusive Care for the Elderly (PACE)

1b. What does this program do?

The Program of All-Inclusive Care for the Elderly (PACE) provides a full range of preventive, primary, acute, in-home, and long-term care services. The PACE organization is authorized by CMS and MO HealthNet (MHD) to provide PACE services primarily through the PACE center. PACE is able to provide services to participants 24 hours a day, 7 days a week. Services are provided as deemed necessary via a health assessment by the PACE Interdisciplinary Team (IDT). All medical services authorized and delivered to the participant while enrolled in the PACE program are the financial responsibility of the PACE provider.

PACE combines adult day settings, home care, interdisciplinary teams, transportation systems, and a prospective capitated payment system so that providers can respond to the unique needs of each participant served.

The Missouri Department of Social Services, MO HealthNet Division, is the state administering agency for the PACE program.

To be eligible to enroll in the PACE program, participants must be at least 55 years old, live in the PACE service area, have been certified to meet nursing home level of care, and at the time of enrollment be able to live in a community setting without jeopardizing their health or safety.

Enrollment in the PACE program is always voluntary and participants have the option to return to the fee-for-service system at any time. Eligibility to enroll in the PACE program is not restricted to Medicare beneficiaries or MO HealthNet participants. A potential PACE enrollee may, but is not required to be entitled to Medicare Part A, enrolled under Medicare Part B, or eligible for MO HealthNet. There is also an option to pay privately for PACE if not eligible for Medicare or Medicaid.

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.715

Program Name: Programs for All-Inclusive Care for the Elderly (PACE)

Program is found in the following core budget(s): Physicians

2a. Provide an activity measure for the program.

This is a new program and MHD will have updated measures once a full year of data is available. Outcome measures will include the number of participants enrolled in PACE (users will include MO HealthNet eligibles and dual eligible participants).

2b. Provide a measure of the program's quality.

This is a new program and MHD will have updated measures once a full year of data is available. Outcome measures will include PACE participant satisfaction (overall quality of care).

2c. Provide a measure of the program's impact.

This is a new program and MHD will have updated measures once a full year of data is available. Outcome measures will include PACE participant satisfaction (percentage of participants who felt they participated in decisions about their care).

2d. Provide a measure of the program's efficiency.

This is a new program and MHD will have updated measures once a full year of data is available. Expected outcome measures will include predetermined value-based payment metrics in two phases (Phase I - % of voluntary disenrollments, # ER visits, % Influenza immunizations, and % Pneumococcal immunizations; Phase II - % A1C Test recipients, acute inpatient days, days spent in nursing facility 89 days or more, days spent in nursing facility 90 days or less, and # prescriptions filled).

PROGRAM DESCRIPTION

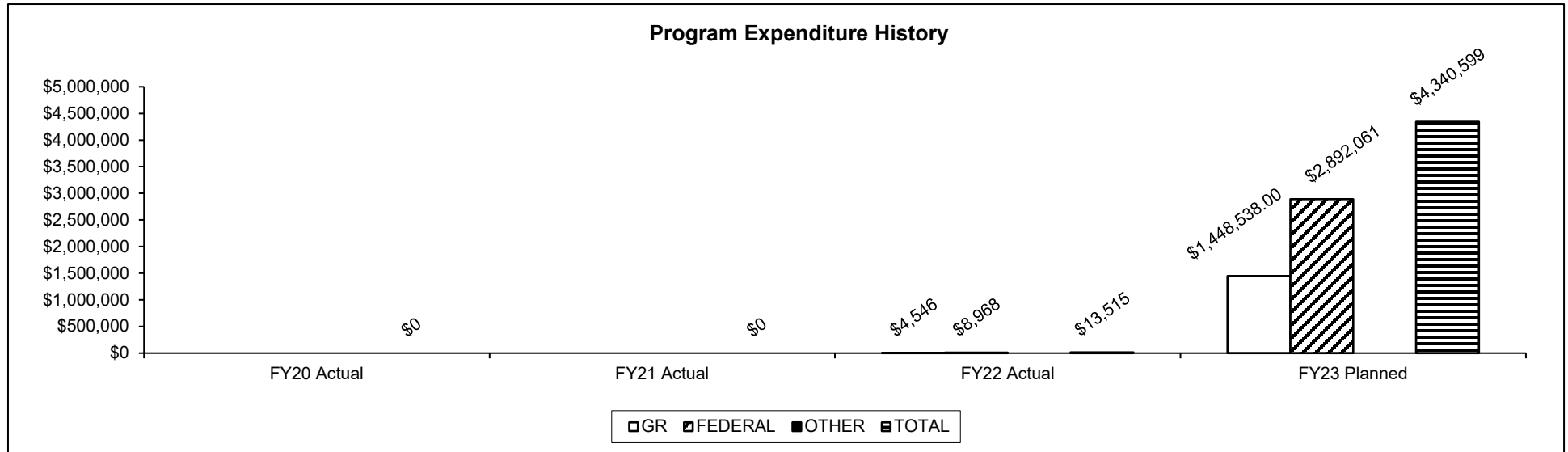
Department: Social Services

HB Section(s): 11.715

Program Name: Programs for All-Inclusive Care for the Elderly (PACE)

Program is found in the following core budget(s): Physicians

3. Provide actual expenditures for the prior three fiscal years; planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



In FY2022, the majority of PACE expenditures were paid from Physician Related Services (HB 11.715). Planned FY2023 expenditures are net of reverted.

4. What are the sources of the "Other " funds?

N/A

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

Federal Regulations: 42 CFR, 460.

6. Are there federal matching requirements? If yes, please explain.

The FMAP (Federal Medical Assistance Percentage) fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%.

7. Is this a federally mandated program? If yes, please explain.

No.

Core - CCBHO

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Certified Community Behavioral Health Organizations (CCBHO)

Budget Unit: 90600C
HB Section: 11.715

1. CORE FINANCIAL SUMMARY

FY 2024 Budget Request					FY 2024 Governor's Recommendation				
	GR	Federal	Other	Total		GR	Federal	Other	Total
PS	0	0	0	0	PS	0	0	0	0
EE	0	0	0	0	EE	0	0	0	0
PSD	31,284,160	54,980,454	0	86,264,614	PSD	0	0	0	0
TRF	0	0	0	0	TRF	0	0	0	0
Total	31,284,160	54,980,454	0	86,264,614	Total	0	0	0	0
FTE	0.00	0.00	0.00	0.00	FTE	0.00	0.00	0.00	0.00
<i>Est. Fringe</i>	0	0	0	0	<i>Est. Fringe</i>	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>					<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds: N/A

Other Funds:

2. CORE DESCRIPTION

This item funds physician-related services provided to Certified Community Behavioral Health Organizations (CCBHOs).

3. PROGRAM LISTING (list programs included in this core funding)

CCBHO

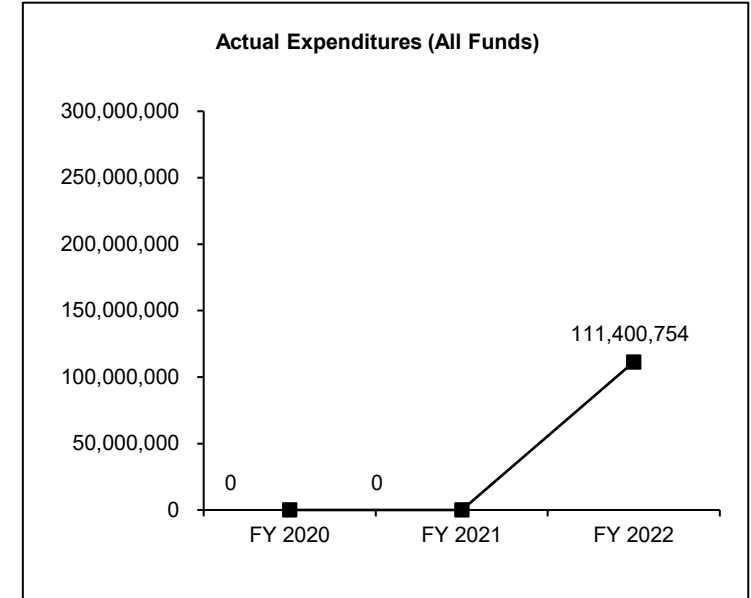
CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Certified Community Behavioral Health Organizations (CCBHO)

Budget Unit: 90600C
HB Section: 11.715

4. FINANCIAL HISTORY

	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Current Yr
Appropriation (All Funds)	0	0	115,490,707	86,264,614
Less Reverted (All Funds)	0	0	0	0
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	0	0	115,490,707	86,264,614
Actual Expenditures (All Funds)	0	0	111,400,754	N/A
Unexpended (All Funds)	0	0	4,089,953	N/A
Unexpended, by Fund:				
General Revenue	0	0	0	N/A
Federal	0	0	4,089,953	N/A
Other	0	0	0	N/A



*Current Year restricted amount is as of 9/01/2022.

Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

Appropriation was established in FY22.

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
CCBHO**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	PD	0.00	31,284,160	54,980,454	0	86,264,614	
	Total	0.00	31,284,160	54,980,454	0	86,264,614	
DEPARTMENT CORE REQUEST							
	PD	0.00	31,284,160	54,980,454	0	86,264,614	
	Total	0.00	31,284,160	54,980,454	0	86,264,614	
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	31,284,160	54,980,454	0	86,264,614	
	Total	0.00	31,284,160	54,980,454	0	86,264,614	

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
CCBHO								
CORE								
PROGRAM-SPECIFIC								
GENERAL REVENUE	32,906,342	0.00	31,284,160	0.00	31,284,160	0.00	0	0.00
TITLE XIX-FEDERAL AND OTHER	66,608,059	0.00	54,980,454	0.00	54,980,454	0.00	0	0.00
TITLE XIX ADULT EXPANSION FED	11,886,353	0.00	0	0.00	0	0.00	0	0.00
TOTAL - PD	111,400,754	0.00	86,264,614	0.00	86,264,614	0.00	0	0.00
TOTAL	111,400,754	0.00	86,264,614	0.00	86,264,614	0.00	0	0.00
MHD CTC - 1886009								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	13,589,139	0.00	0	0.00
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	19,310,591	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	32,899,730	0.00	0	0.00
TOTAL	0	0.00	0	0.00	32,899,730	0.00	0	0.00
GRAND TOTAL	\$111,400,754	0.00	\$86,264,614	0.00	\$119,164,344	0.00	\$0	0.00

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DECISION ITEM DETAIL

Budget Unit	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
CCBHO								
CORE								
PROGRAM DISTRIBUTIONS	111,400,754	0.00	86,264,614	0.00	86,264,614	0.00	0	0.00
TOTAL - PD	111,400,754	0.00	86,264,614	0.00	86,264,614	0.00	0	0.00
GRAND TOTAL	\$111,400,754	0.00	\$86,264,614	0.00	\$86,264,614	0.00	\$0	0.00
GENERAL REVENUE	\$32,906,342	0.00	\$31,284,160	0.00	\$31,284,160	0.00		0.00
FEDERAL FUNDS	\$78,494,412	0.00	\$54,980,454	0.00	\$54,980,454	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.715

Program Name: Certified Community Behavioral Health Organizations (CCBHO)

Program is found in the following core budget(s): Physicians

1a. What strategic priority does this program address?

Certified Community Behavioral Health Organizations

1b. What does this program do?

Missouri is one of eight states selected by the federal Centers for Medicare & Medicaid Services (CMS) and Substance Abuse and Mental Health Services Administration (SAMHSA) to participate in a demonstration program to implement a Prospective Payment System (PPS) for the purchase of behavioral health services for certain Medicaid beneficiaries. The PPS is an actuarially sound, cost-based reimbursement method that replaces the current Medicaid fee-for-service system, which provides reimbursement for individual units of community service provided. Under the demonstration program, community behavioral health organizations recognized by the Department of Mental Health (DMH) as in substantial compliance with new federal standards for Certified Community Behavioral Health Organizations (CCBHOs) receive a single, fixed payment amount for each day that they provide eligible CCBHO services to a Medicaid-eligible individual. As of 7/1/22, Missouri has 19 CCBHOs that are participating in the federal demonstration, and 2 CCBHOs that are operating under the CCBHO State Plan Amendment. The DMH is expanding the number of CCBHOs operating in the State.

A key feature of the CCBHO initiative is a focus on quality and outcomes. The CCBHOs are required to report on a variety of different outcome measures in a pay-for-performance model. This core funding allows to further shift toward paying for quality versus paying for volume in Medicaid. The six measures currently included in the Medicaid state plan Quality Incentive Payment include: Youth Hospital Follow-Up; Adult Hospital Follow-Up; Antipsychotic Medication Adherence; Engagement in Substance Use Disorder Treatment; Youth Suicide Risk Assessment; and Adult Suicide Risk Assessment.

CCBHO Expenditures paid from MO HealthNet's Budget (HB Section: 11.715)

FY20 Actual:	\$ 60,189,500
FY21 Actual:	\$ 86,364,449
FY22 Actual:	\$ 87,397,415
FY23 Projected:	\$ 78,501,024

The Disease Management 3700 project has assured the coordination of physical and behavioral health services to individuals with serious mental illness. The results are improved health outcomes and lower healthcare costs.

Disease Management Expenditures paid from MO HealthNet's Budget (HB Section: 11.715)

FY20 Actual:	\$ 14,011,710
FY21 Actual:	\$ 15,955,697
FY22 Actual:	\$ 21,265,683
FY23 Projected:	\$ 11,763,590

*See DMH's Budget Books for specific measures for CCBHO and Disease Management (DM) programs.

PROGRAM DESCRIPTION

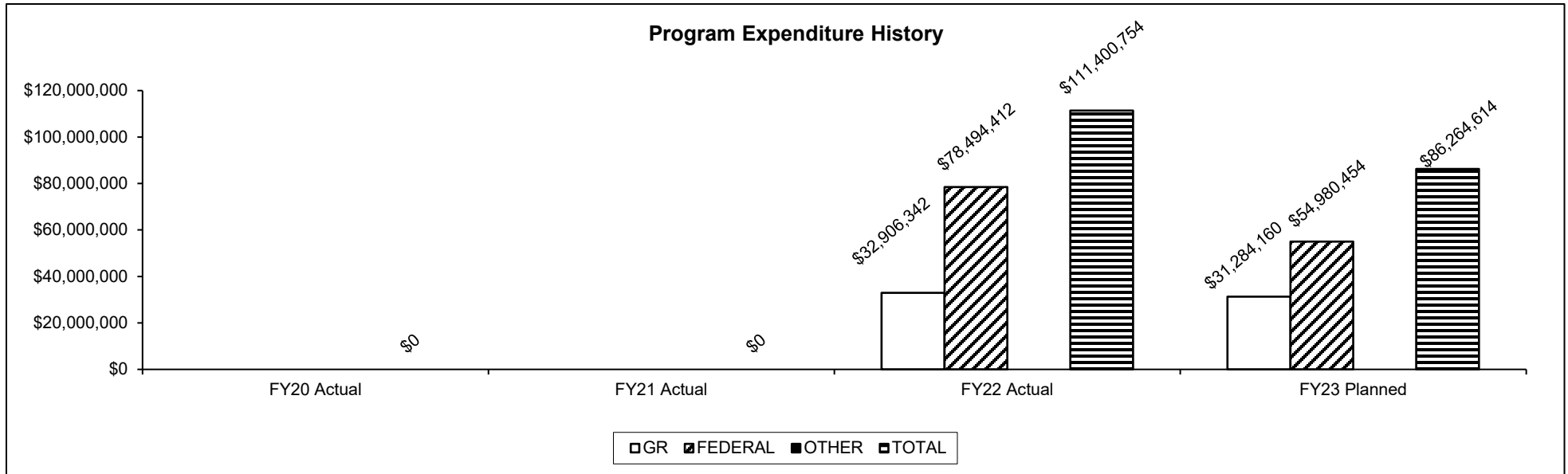
Department: Social Services

HB Section(s): 11.715

Program Name: Certified Community Behavioral Health Organizations (CCBHO)

Program is found in the following core budget(s): Physicians

3. Provide actual expenditures for the prior three fiscal years; planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



In FY2022, AEG expenditures are included in total payments. Federal Fund 0809 was used to cover the state share of AEG expenditures.

4. What are the sources of the "Other " funds?

N/A

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

Federal Regulations: 42 CFR, 447.272.

6. Are there federal matching requirements? If yes, please explain.

The FMAP (Federal Medical Assistance Percentage) fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%.

7. Is this a federally mandated program? If yes, please explain.

No.

Core - Dental

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Dental

Budget Unit: 90546C
HB Section: 11.720

1. CORE FINANCIAL SUMMARY

FY 2024 Budget Request				
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	3,130,423	5,769,120	71,162	8,970,705
TRF	0	0	0	0
Total	3,130,423	5,769,120	71,162	8,970,705
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds: Health Initiatives Fund (HIF) (0275) - \$71,162

FY 2024 Governor's Recommendation				
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	0	0	0	0
Total	0	0	0	0
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds:

2. CORE DESCRIPTION

This budget item funds the dental fee-for-service program. Comprehensive dental services are available for children, pregnant women, the blind and nursing facility residents (including Independent Care Facilities for individuals with Intellectual Disabilities-ICF/ID). As of January 2016, MO HealthNet began offering limited dental services for adults ages 21 and over.

3. PROGRAM LISTING (list programs included in this core funding)

Dental Services

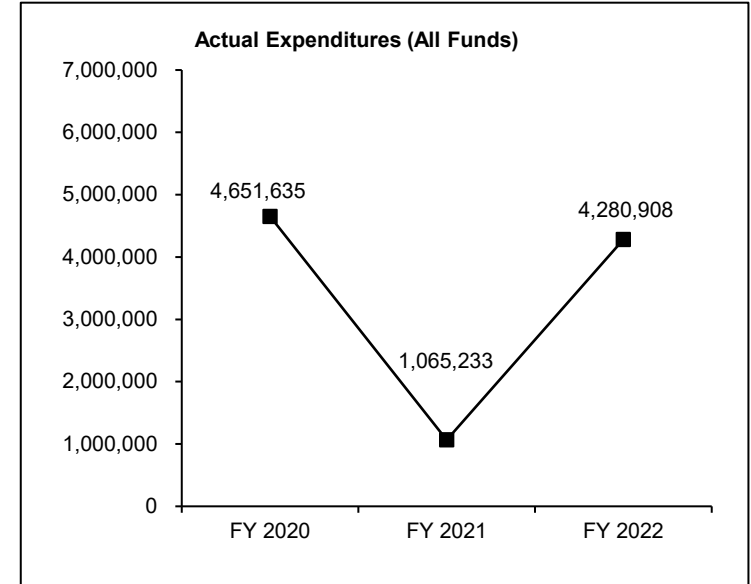
CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Dental

Budget Unit: 90546C
HB Section: 11.720

4. FINANCIAL HISTORY

	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Current Yr.
Appropriation (All Funds)	5,627,777	4,913,546	4,325,591	8,970,705
Less Reverted (All Funds)	0	0	0	0
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	5,627,777	4,913,546	4,325,591	8,970,705
Actual Expenditures (All Funds)	4,651,635	1,065,233	4,280,908	N/A
Unexpended (All Funds)	976,142	3,848,313	44,683	N/A
Unexpended, by Fund:				
General Revenue	282,077	1,050,661	1,010	N/A
Federal	694,065	2,797,585	1,328	N/A
Other	0	67	42,345	N/A
		(1)	(2)	(3)



*Current Year restricted amount is as of 9/01/2022.

Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

(1) FY21 - New Decision Items funded for FMAP Adjustment (\$10,249 GR), Asset limit CTC (\$8,818 GR; \$16,472 Fed), Asset Limit Phase-In (\$2,195 GR; \$4,101 Fed). \$500,000 GR was used as flex to cover other program expenditures.

(2) FY22 - New Decision Items funded for FMAP Adjustment (\$44,127 Fed), Asset limit CTC (\$1,268 GR; \$2,464 Fed). \$15,000 GR and \$6,000 Fed was flexed in.

(3) FY23 - New Decision Items funded for Provider Rate Increase (\$1,788,180 GR; \$3,463,142 Fed)

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
DENTAL**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	PD	0.00	3,130,423	5,769,120	71,162	8,970,705	
	Total	0.00	3,130,423	5,769,120	71,162	8,970,705	
DEPARTMENT CORE REQUEST							
	PD	0.00	3,130,423	5,769,120	71,162	8,970,705	
	Total	0.00	3,130,423	5,769,120	71,162	8,970,705	
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	3,130,423	5,769,120	71,162	8,970,705	
	Total	0.00	3,130,423	5,769,120	71,162	8,970,705	

DECISION ITEM SUMMARY

Budget Unit									
Decision Item	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****	
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED	
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN	
DENTAL									
CORE									
PROGRAM-SPECIFIC									
GENERAL REVENUE	1,328,929	0.00	3,130,423	0.00	3,130,423	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	2,848,396	0.00	5,769,120	0.00	5,769,120	0.00	0	0.00	
TITLE XIX ADULT EXPANSION FED	24,944	0.00	0	0.00	0	0.00	0	0.00	
MEDICAID STABILIZATION	7,477	0.00	0	0.00	0	0.00	0	0.00	
HEALTH INITIATIVES	71,162	0.00	71,162	0.00	71,162	0.00	0	0.00	
TOTAL - PD	4,280,908	0.00	8,970,705	0.00	8,970,705	0.00	0	0.00	
TOTAL	4,280,908	0.00	8,970,705	0.00	8,970,705	0.00	0	0.00	
MHD CTC - 1886009									
PROGRAM-SPECIFIC									
GENERAL REVENUE	0	0.00	0	0.00	111,474	0.00	0	0.00	
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	630,604	0.00	0	0.00	
TOTAL - PD	0	0.00	0	0.00	742,078	0.00	0	0.00	
TOTAL	0	0.00	0	0.00	742,078	0.00	0	0.00	
GRAND TOTAL	\$4,280,908	0.00	\$8,970,705	0.00	\$9,712,783	0.00	\$0	0.00	

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FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90546C BUDGET UNIT NAME: Dental HOUSE BILL SECTION: 11.720	DEPARTMENT: Social Services DIVISION: MO HealthNet
1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.	
Department Request	
10% flexibility is requested between sections 11.700 (Pharmacy and Clawback), 11.715 (Physician Related Prof), 11.720 (Dental), 11.725 (Premium Payments), 11.730 (Nursing Facilities and Home Health), 11.745 (Rehab Specialty Services and NEMT), 11.755 (Complex Rehab), 11.760 (Managed Care), 11.762 (MC Specialty Plan), 11.765 (Hospital Care), 11.785 (Health Homes), 11.800 (CHIP), 11.805 (SMHB), 11.815 (Blind).	
2. Estimate how much flexibility will be used for the budget year. How much flexibility was used in the Prior Year Budget and the Current Year Budget? Please specify the amount.	
PRIOR YEAR ACTUAL AMOUNT OF FLEXIBILITY USED	CURRENT YEAR ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED
\$500,000	DSS will flex up to 10% between sections.
BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED	
Up to 10% flexibility will be used.	
3. Please explain how flexibility was used in the prior and/or current years.	
PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE
To allow for program payments in Managed Care.	Flexibility allows for MHD to move authority between program sections to ensure bi-monthly payroll obligations are met and services continue to be provided without disruption or delay. Flex allows MHD to shift authority in sections to sections where there is need.

DECISION ITEM DETAIL

Budget Unit	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
DENTAL								
CORE								
PROGRAM DISTRIBUTIONS	4,280,908	0.00	8,970,705	0.00	8,970,705	0.00	0	0.00
TOTAL - PD	4,280,908	0.00	8,970,705	0.00	8,970,705	0.00	0	0.00
GRAND TOTAL	\$4,280,908	0.00	\$8,970,705	0.00	\$8,970,705	0.00	\$0	0.00
GENERAL REVENUE	\$1,328,929	0.00	\$3,130,423	0.00	\$3,130,423	0.00		0.00
FEDERAL FUNDS	\$2,880,817	0.00	\$5,769,120	0.00	\$5,769,120	0.00		0.00
OTHER FUNDS	\$71,162	0.00	\$71,162	0.00	\$71,162	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.720

Program Name: Dental Program

Program is found in the following core budget(s): Dental

1a. What strategic priority does this program address?

Provide quality dental care access to MO HealthNet participants.

1b. What does this program do?

The MO HealthNet Division's (MHD) dental program reimburses for services that include diagnostic, preventive, and corrective procedures provided by a licensed dentist or dental hygienist. The dentist must be enrolled in the MO HealthNet program. Generally, dental services include the following:

- Treatment of the teeth and associated structure of the oral cavity;
- Preparation, fitting, and repair of dentures and associated appliances; and
- Treatment of disease, injury, or impairments that affect the general oral health of a participant.

MO HealthNet currently offers comprehensive dental services for children, pregnant women, the blind, and residents of a nursing facility. Coverage for adults is limited and includes dental services and care related to trauma of the mouth, jaw, teeth, or other contiguous sites. Services provided under Tiers 1-6 are outlined below.

MHD attempts to improve the overall health of MO HealthNet participants by improving oral health through reimbursement for their diagnostic, preventative, and corrective dental services. Additionally, MHD attempts to ensure MO HealthNet eligible children have access to dental screenings and Early and Periodic Screening Diagnosis and Treatment (EPSDT) services, also known as the Healthy Children and Youth (HCY) program.

Reimbursement Methodology

Dental services are reimbursed in the fee-for-service and managed care settings. For managed care participants, dental services are reimbursed by MO HealthNet through the actuarially sound capitated rate paid to the Managed Care Organizations (MCO's). Dental rates are reimbursed for fee-for-service claims based on maximum allowable amounts identified on a fee schedule. Prior authorization is required in the fee-for-service program for certain services such as orthodontic treatment, composite resin crowns, metallic and porcelain/ceramic inlay restorations, and high noble metal crowns. The services of a dentist may be administered in a variety of settings including the provider's office, a hospital, nursing home, or clinic. If dental services are billed by a Rural Health Clinic (RHC) or Federally Qualified Health Center (FQHC), the reimbursement methodology is different and would be paid out of the physician-related services line (see Physician tab for more information). Services rendered by a dental hygienist are typically billed by the dentist. However, certain dental hygienists who have been licensed for at least three (3) consecutive years and practicing in a public health setting may bill independently.

Services rendered by someone other than a dentist or dental hygienist, including appropriate supplies, are billable only where there is direct personal supervision by the dentist. This applies to services rendered by auxiliary personnel employed by the dentist and working under his/her on-site supervision and is restricted to non-physician anesthetists (including Certified Registered Nurse Anesthetists and Anesthesiologist Assistants), dental assistants, and certified dental assistants.

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.720

Program Name: Dental Program

Program is found in the following core budget(s): Dental

Rate History

07/01/22: Dental rates were increased to 80% of the 50th percentile of the comparable usual customary and reasonable rates

07/01/19: 1.5% rate increase on all covered services

07/01/18: 1.5% rate increase on all covered services

07/01/17: 3% rate decrease on all covered services

07/01/16: ~2% rate increase on all covered services

01/01/16: 1% rate increase on all covered services

Additional Details

For children under 21, pregnant women, the blind, and nursing facility residents, covered services under the dental program include, in part, the following: examinations, fillings, sealants, prophylaxis, fluoride treatments, extractions, anesthesia, crowns, injections, oral surgery, periodontal treatment (in limited cases), pulp treatment, restoration, root canal therapy, x-rays, dentures (full or partial), denture adjustments or repairs, and denture duplication or relines. Orthodontic services, the field of dentistry associated with the correction of abnormally positioned or misaligned teeth, are available only to children under age 21 for the most severe malocclusions.

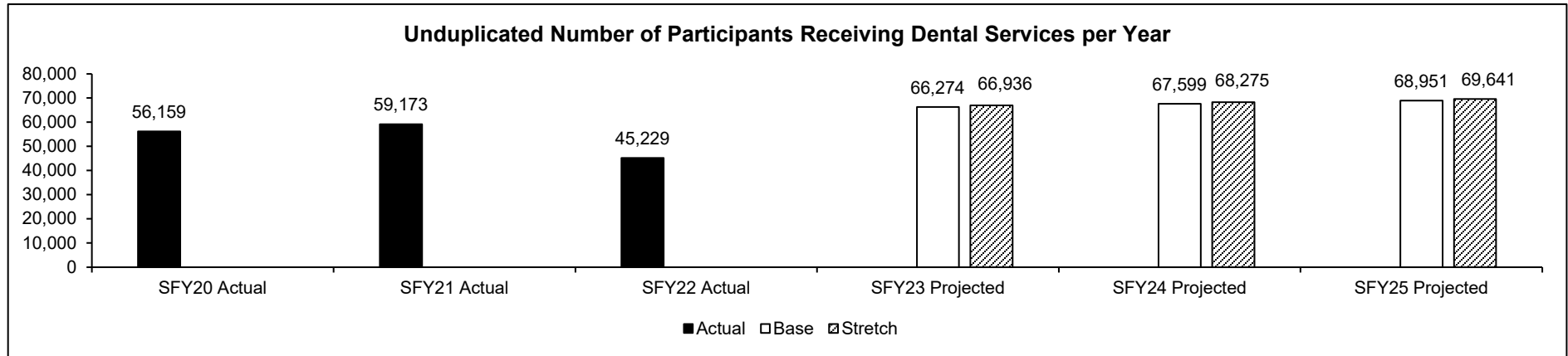
Coverage for adults for dental services in Tiers 1-6 was added effective January 2016. Expanded coverage of dental services for adults in Missouri include preventive services, restorative services, periodontal treatment, oral surgery, extractions, radiographs, pain evaluation and relief, infection control and general anesthesia. Prior to January 2016, MO HealthNet only covered dental services for adults age 21 and over (except individuals noted above) if the dental care was related to trauma of the mouth, jaw, teeth or other contiguous sites as a result of injury, or for the treatment of a medical condition without which the health of the individual would be adversely affected. Treatment for such a medical condition would require a written referral from the participant's physician stating that the absence of dental treatment would adversely affect a stated pre-existing medical condition.

PROGRAM DESCRIPTION

Department: Social Services
 Program Name: Dental Program
 Program is found in the following core budget(s): Dental

HB Section(s): 11.720

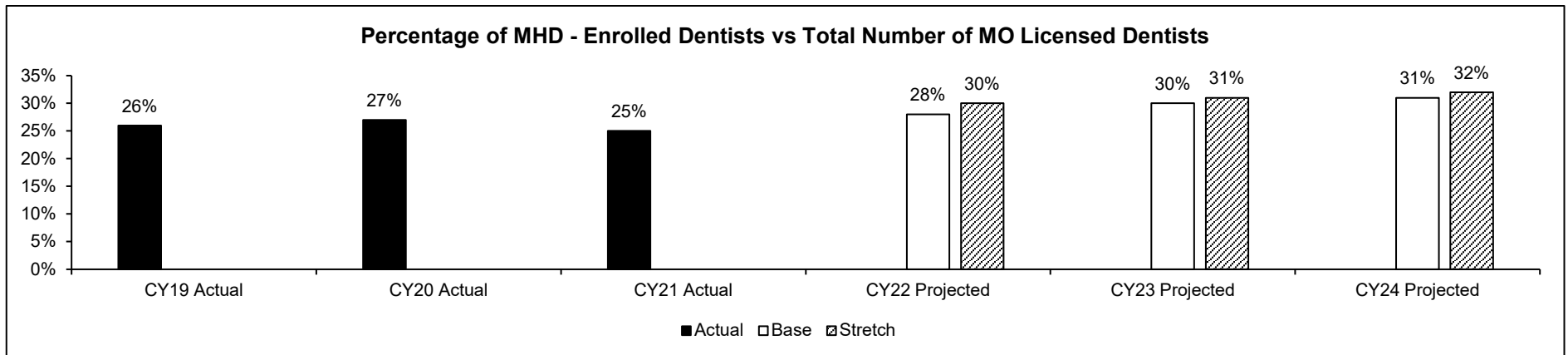
2a. Provide an activity measure(s) for the program.



Note: SFY22 is lower due to COVID-19.

Note 2: SFY23 and beyond are expecting substantial increases in participants receiving dental services as more providers enroll, and there is increased access to care.

2b. Provide a measure(s) of the program's quality.



Note: Stretch goal is based on the National average of dentists enrolled in Medicaid programs.

PROGRAM DESCRIPTION

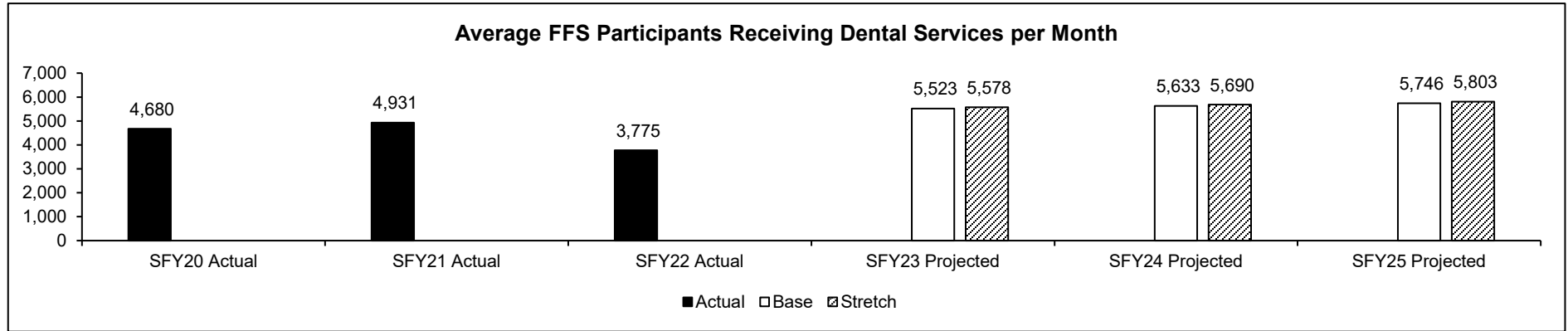
Department: Social Services

HB Section(s): 11.720

Program Name: Dental Program

Program is found in the following core budget(s): Dental

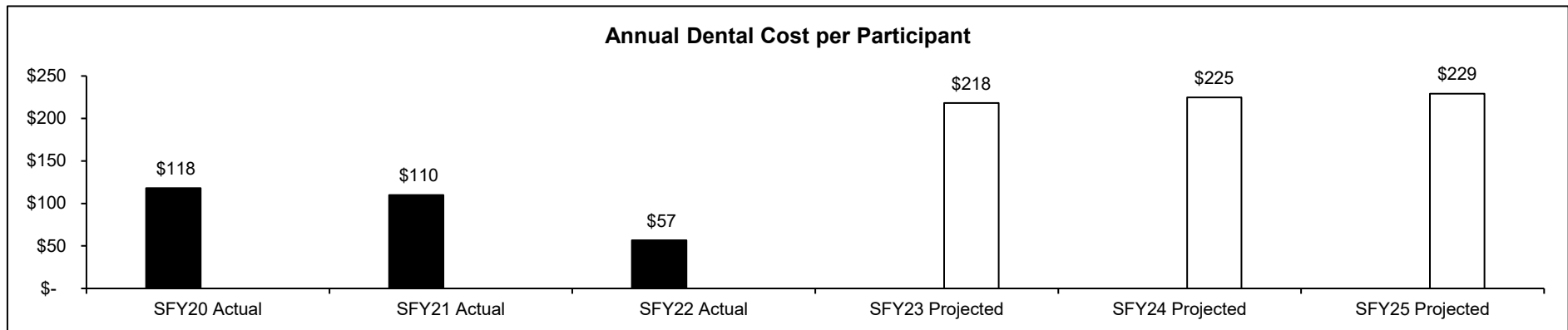
2c. Provide a measure(s) of the program's impact.



Note: SFY22 is lower due to COVID-19.

Note 2: SFY23 and beyond are expecting substantial increases in participants receiving dental services as more providers enroll, and there is increased access to care.

2d. Provide a measure(s) of the program's efficiency.



Note: SFY22 is lower due to COVID-19.

Note 2: SFY23 and beyond increase is due to the dental rates being increased from approximately 35% to 80% of the 50th percentile of the comparable usual customary and reasonable rates.

PROGRAM DESCRIPTION

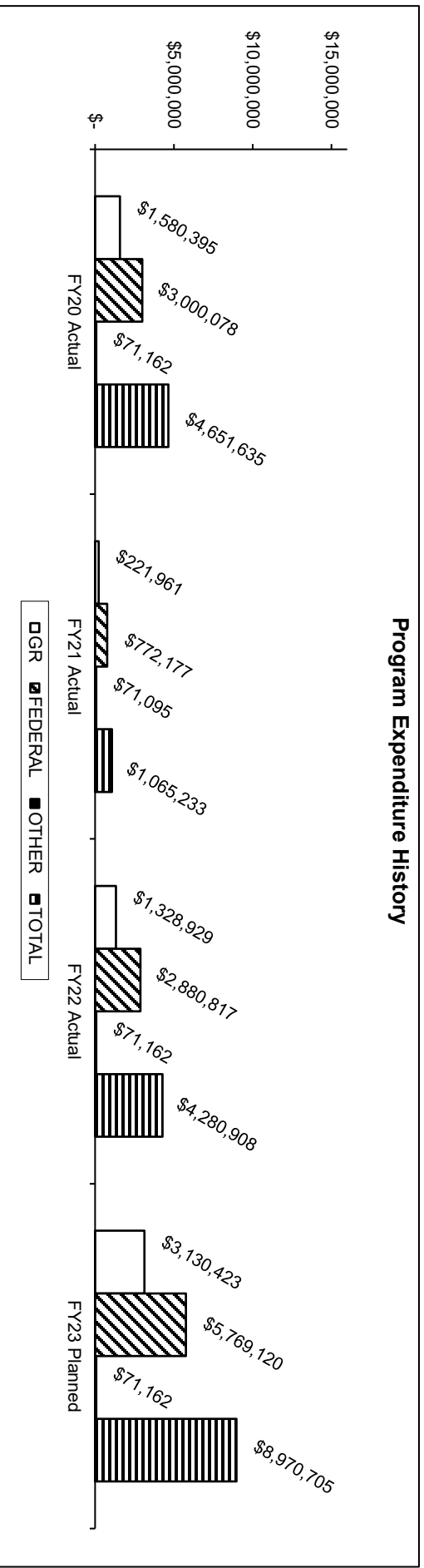
Department: Social Services

HB Section(s): 11.720

Program Name: Dental Program

Program is found in the following core budget(s): Dental

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



In FY2022, AEG expenditures are included in total payments. Federal Fund 0809 was used to cover the state share of AEG expenditures.

4. What are the sources of the "Other" funds?

Health Initiatives Fund (0275), Nursing Facility Reimbursement Allowance Fund (0196), Ambulance Service Reimbursement Allowance Fund (0958)

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: Section 208.152, RSMo. Federal law: Social Security Act Section 1905(a)(12) and (18), 1905(o). Federal regulation: 42 CFR 410.40, 418, 431.53, 440.60, 440.120, 440.130 and 440.170.

6. Are there federal matching requirements? If yes, please explain.

The FMAP (Federal Medical Assistance Percentage) fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%.

7. Is this a federally mandated program? If yes, please explain.

This program is not mandatory for adults but is mandatory for children.

Core - Premium Payments

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Premium Payments

Budget Unit: 90547C

HB Section: 11.725

1. CORE FINANCIAL SUMMARY

FY 2024 Budget Request				
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	115,163,559	237,165,070	0	352,328,629
TRF	0	0	0	0
Total	115,163,559	237,165,070	0	352,328,629

FTE 0.00 0.00 0.00 0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds: N/A

FY 2024 Governor's Recommendation				
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	0	0	0	0
Total	0	0	0	0

FTE 0.00 0.00 0.00 0.00

Est. Fringe	0	0	0	0
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Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.

Other Funds:

2. CORE DESCRIPTION

This item funds premium payments for health insurance through the following MO HealthNet programs:

- 1) Medicare Buy-In program for individuals dually enrolled in MO HealthNet and Medicare
 - 2) Health Insurance Premium Payment (HIPP) program for individuals enrolled in MO HealthNet and commercial or employer-sponsored health insurance
- Payment of these premiums allows MO HealthNet to transfer medical costs from the MO HealthNet program to Medicare and other payers.

3. PROGRAM LISTING (list programs included in this core funding)

Premium Payments Program:
Medicare Part A and Part B Buy-In
Health Insurance Premium Payment (HIPP) Program

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Premium Payments

Budget Unit: 90547C

HB Section: 11.725

4. FINANCIAL HISTORY

	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Current Yr.
Appropriation (All Funds)	263,788,919	288,113,252	317,230,493	360,427,265
Less Reverted (All Funds)	0	0	0	0
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	263,788,919	288,113,252	317,230,493	360,427,265
Actual Expenditures (All Funds)	242,879,325	288,112,941	317,200,510	N/A
Unexpended (All Funds)	20,909,594	311	29,983	N/A
Unexpended, by Fund:				
General Revenue	6,351,243	110	72	N/A
Federal	14,558,351	201	29,911	N/A
Other	0	0	0	N/A
		(1)	(2)	

*Current Year restricted amount is as of 9/01/2022.

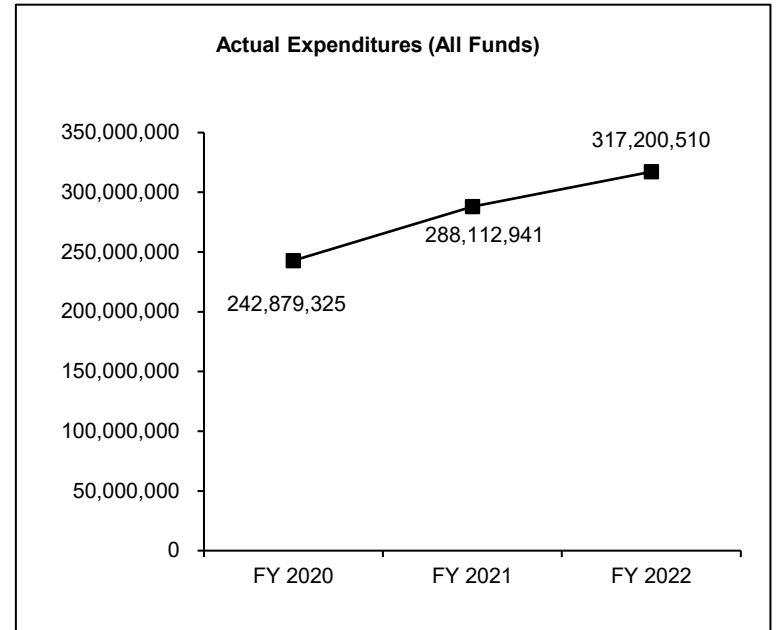
Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

(1) FY21 - New Decision Item funded for FMAP Adjustment (\$788,633 Fed), Premium Increase (\$2,841,897 GR; \$5,768,533 Fed). FY2021 Supplemental budget funded an increase of \$15,543,285, \$594,458 GR and \$915,052 Fed was flexed in to cover program expenditures.

(2) FY22 - New Decision Item funded for FMAP Adjustment (\$1,903,895 Fed), Cost to Continue (\$5,318,668 GR; \$6,648,956), Premium Increase (\$4,055,259 GR; \$8,653,867 Fed).



CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES PREMIUM PAYMENTS

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	PD	0.00	123,262,195	237,165,070	0	360,427,265	
	Total	0.00	123,262,195	237,165,070	0	360,427,265	
DEPARTMENT CORE ADJUSTMENTS							
Core Reduction	1084 8200 PD	0.00	(8,098,636)	0	0	(8,098,636)	Reduction due to estimated lapse.
NET DEPARTMENT CHANGES		0.00	(8,098,636)	0	0	(8,098,636)	
DEPARTMENT CORE REQUEST							
	PD	0.00	115,163,559	237,165,070	0	352,328,629	
	Total	0.00	115,163,559	237,165,070	0	352,328,629	
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	115,163,559	237,165,070	0	352,328,629	
	Total	0.00	115,163,559	237,165,070	0	352,328,629	

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
PREMIUM PAYMENTS								
CORE								
PROGRAM-SPECIFIC								
GENERAL REVENUE	101,657,420	0.00	123,262,195	0.00	115,163,559	0.00	0	0.00
TITLE XIX-FEDERAL AND OTHER	215,543,090	0.00	237,165,070	0.00	237,165,070	0.00	0	0.00
TOTAL - PD	317,200,510	0.00	360,427,265	0.00	352,328,629	0.00	0	0.00
TOTAL	317,200,510	0.00	360,427,265	0.00	352,328,629	0.00	0	0.00
MHD CTC - 1886009								
PROGRAM-SPECIFIC								
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	6,083,808	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	6,083,808	0.00	0	0.00
TOTAL	0	0.00	0	0.00	6,083,808	0.00	0	0.00
Premium Increase - 1886013								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	12,547,285	0.00	0	0.00
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	26,577,455	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	39,124,740	0.00	0	0.00
TOTAL	0	0.00	0	0.00	39,124,740	0.00	0	0.00
GRAND TOTAL	\$317,200,510	0.00	\$360,427,265	0.00	\$397,537,177	0.00	\$0	0.00

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FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90547C BUDGET UNIT NAME: Premium Payments HOUSE BILL SECTION: 11.725	DEPARTMENT: Social Services DIVISION: MO HealthNet
1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.	
Department Request	
10% flexibility is requested between sections 11.700 (Pharmacy and Clawback), 11.715 (Physician Related Prof), 11.720 (Dental), 11.725 (Premium Payments), 11.730 (Nursing Facilities and Home Health), 11.745 (Rehab Specialty Services and NEMT), 11.755 (Complex Rehab), 11.760 (Managed Care), 11.762 (MC Specialty Plan), 11.765 (Hospital Care), 11.785 (Health Homes), 11.800 (CHIP), 11.805 (SMHB), 11.815 (Blind).	
2. Estimate how much flexibility will be used for the budget year. How much flexibility was used in the Prior Year Budget and the Current Year Budget? Please specify the amount.	
PRIOR YEAR ACTUAL AMOUNT OF FLEXIBILITY USED	CURRENT YEAR ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED
\$0	DSS will flex up to 10% between sections.
BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED	
Up to 10% flexibility will be used.	
3. Please explain how flexibility was used in the prior and/or current years.	
PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE
N/A	Flexibility allows for MHD to move authority between program sections to ensure bi-monthly payroll obligations are met and services continue to be provided without disruption or delay. Flex allows MHD to shift authority in sections to sections where there is need.

DECISION ITEM DETAIL

Budget Unit	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
PREMIUM PAYMENTS								
CORE								
PROGRAM DISTRIBUTIONS	317,200,510	0.00	360,427,265	0.00	352,328,629	0.00	0	0.00
TOTAL - PD	317,200,510	0.00	360,427,265	0.00	352,328,629	0.00	0	0.00
GRAND TOTAL	\$317,200,510	0.00	\$360,427,265	0.00	\$352,328,629	0.00	\$0	0.00
GENERAL REVENUE	\$101,657,420	0.00	\$123,262,195	0.00	\$115,163,559	0.00		0.00
FEDERAL FUNDS	\$215,543,090	0.00	\$237,165,070	0.00	\$237,165,070	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.725

Program Name: Premium Payments

Program is found in the following core budget(s): Premium Payments

1a. What strategic priority does this program address?

Cost avoidance by paying Medicare and Private Insurance Premiums

1b. What does this program do?

The purpose of the Medicare Buy-in Program and the Health Insurance Premium Payment (HIPP) Program is to allow states to enroll certain groups of eligible individuals in Medicare or private insurance and pay their monthly premiums to transfer medical costs from the Title XIX Medicaid program to the Medicare program - Title XVIII or other payers. This process allows the state to realize cost savings through substitution of Medicare or other payer liability for the majority of the medical costs before a provider may seek reimbursement for the remaining uncompensated portion of the services.

Medicare Buy-In Program

Medicare has three sets of basic coverage:

- Part A, which pays for hospitalization costs
- Part B, which pays for physician services, lab and x-ray services, durable medical equipment, and outpatient and other services
- Part D which provides coverage of prescription drug costs (see MORx tab for additional information on Part D)

The Medicare Buy-In Program assists “dual eligible” individuals, who are entitled to Medicare Part A and/or Part B and are eligible for some form of MO HealthNet benefit, by reducing their out-of-pocket expenses. There are two types of dual eligible—full duals and partial duals. For partial duals, MO HealthNet only funds the Medicare Part A and/or Part B premium. For full duals MO HealthNet funds the Medicare Part A and/or Part B premium and the participant receives MO HealthNet “wrap-around” benefits. Wrap-around benefits include payments for Medicare coinsurance, Medicare deductibles, and any other service not covered by Medicare. *For more information on dual eligibility categories, see Additional Details .*

Health Insurance Premium Payment (HIPP) Program

States are federally mandated to purchase group health insurance (such as employer-sponsored insurance) for an eligible MO HealthNet participant when it is more cost-effective to buy health insurance to cover medical care than to pay for an equivalent set of services with MO HealthNet funds (Omnibus Budget Reconciliation Act of 1990). The HIPP program pays for health insurance for MO HealthNet eligible when it is determined to be “cost effective.” “Cost effective” means that it costs less to buy other health insurance to cover medical care than to pay for the same services with MO HealthNet funds. *See additional details for more information on how cost effectiveness is determined.*

Reimbursement Methodology

Medicare and private insurance premiums are paid monthly. Payment is made directly to Medicare for the Medicare Buy-In Program or the private health insurer for the HIPP Program. Any MO HealthNet wrap-around payments (coinsurance, deductibles, or services not covered by Medicare) made on behalf of full dual eligibles is paid out of the applicable fee-for-service lines (Pharmacy, Physicians-Related Services, Hospital, etc.). These wrap-around payments for full dual eligibles are sometimes called “crossover claims.”

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.725

Program Name: Premium Payments

Program is found in the following core budget(s): Premium Payments

Rate History

Medicare Part A, Part B, and Qualified Individual Premiums (per month)

	Part A	Part B & QI
CY22	\$499.00	\$170.10
CY21	\$474.00	\$148.50
CY20	\$458.00	\$144.60
CY19	\$437.00	\$135.50

Additional Details

HIPP Cost Effectiveness

Cost effectiveness is determined by comparing the cost of the medical coverage (includes premium payments, coinsurance, and deductibles) with the average cost of each MO HealthNet eligible person in the household. The average cost of each MO HealthNet participant is calculated based on the previous year's MO HealthNet expenditures with like demographic data: age; sex; geographic location (county); type of assistance (MO HealthNet for Families - MAF, Old Age Assistance - OAA, and disabled); and the types of services covered by the group insurance.

Full Dual Beneficiary Categories

Qualified Medicare Beneficiary (QMB) Plus:

- MO HealthNet pays Part A (if applicable) and Part B premiums
- Individuals below 100% FPL
- Includes MO HealthNet wrap-around benefits

Specified Low-Income Medicare Beneficiary (SLMB) Plus:

- MO HealthNet pays only Part B premiums
- Individuals from 100-120% FPL
- Includes MO HealthNet wrap-around benefits

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.725

Program Name: Premium Payments

Program is found in the following core budget(s): Premium Payments

Partial Dual Beneficiary Categories

QMB Only:

- MO HealthNet pays both Part A (if applicable) and Part B premiums
- Individuals below 100% FPL
- No MO Health Net wrap-around benefits

SLMB Only:

- MO HealthNet pays only Part B premiums
- Individuals from 100-120% FPL
- No Medicaid wrap-around benefits

Qualified Individuals (QI):

- MO HealthNet pays only Part B premiums
- Individuals from 120-135% FPL
- Federal Funding 100%
- No MO HealthNet wrap-around benefits

Partial "Undesignated":

- Partial duals with income 135% FPL or greater
- Can include the following individuals:
 - Recipients of supplemental nursing care payments
 - SSI recipients
 - Individuals on spenddown

MO HealthNet pays only Part B premiums.

Individuals receive full MO HealthNet benefits.

PROGRAM DESCRIPTION

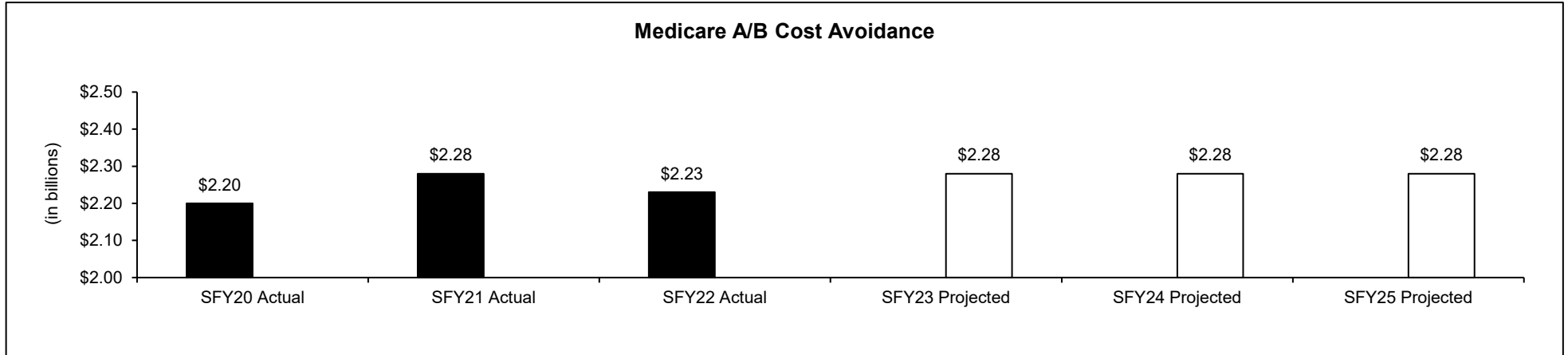
Department: Social Services

HB Section(s): 11.725

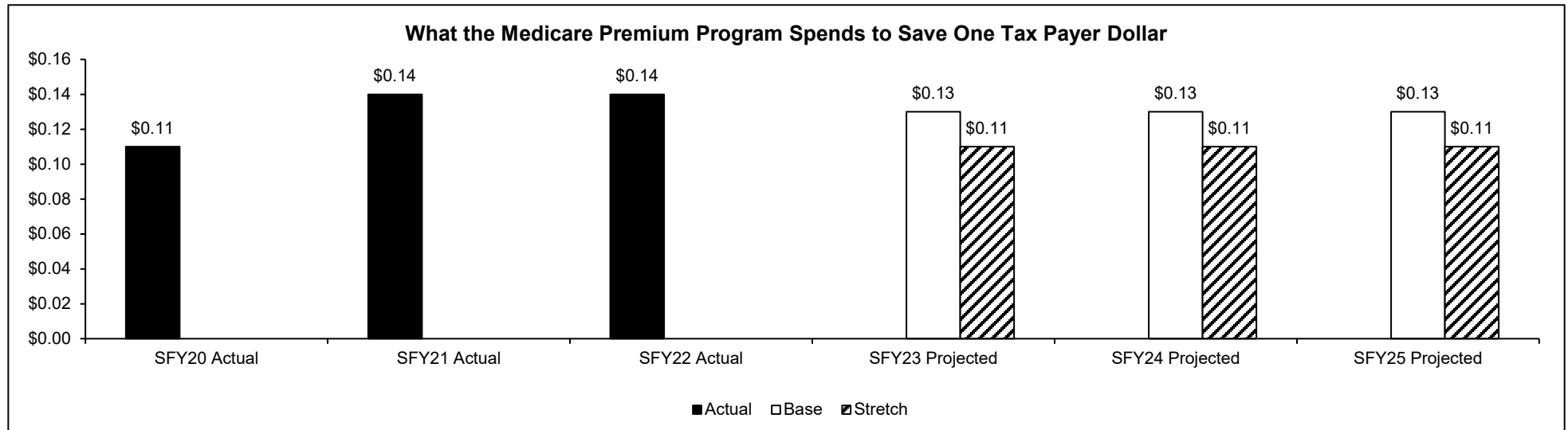
Program Name: Premium Payments

Program is found in the following core budget(s): Premium Payments

2a. Provide an activity measure(s) for the program.



2b. Provide a measure(s) of the program's quality



PROGRAM DESCRIPTION

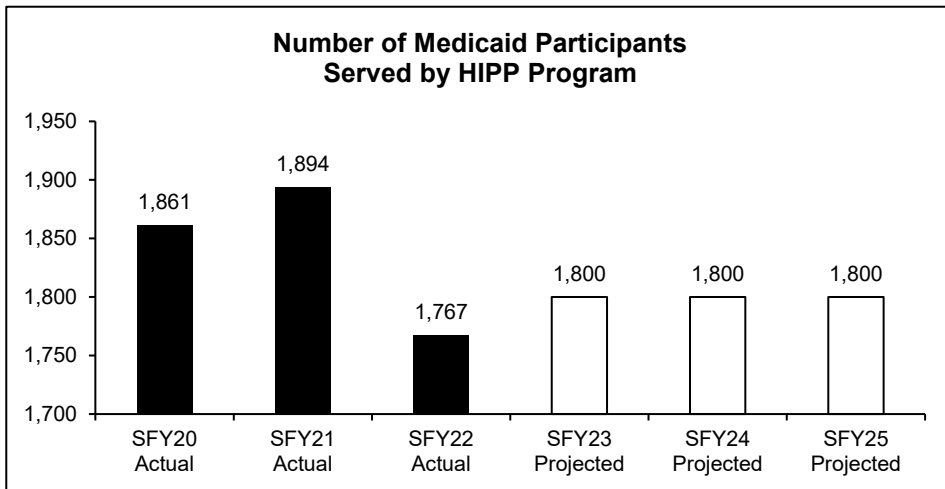
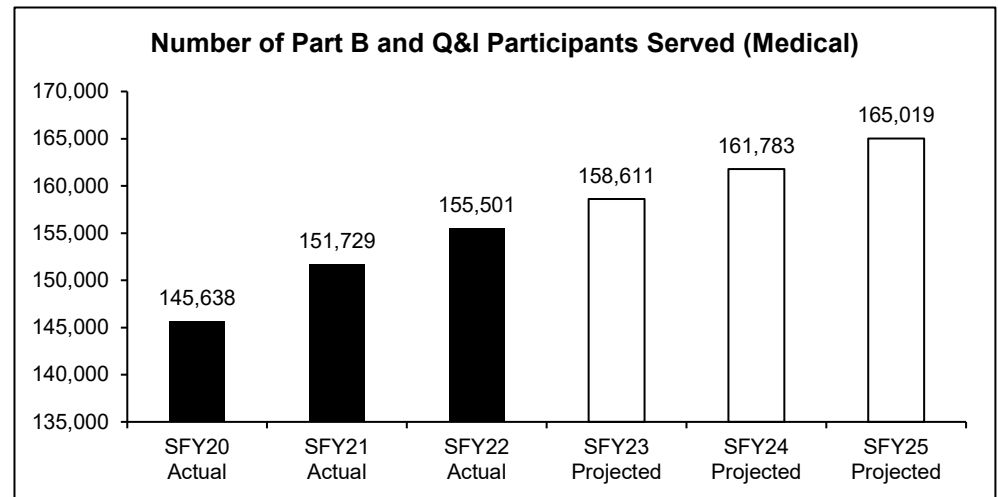
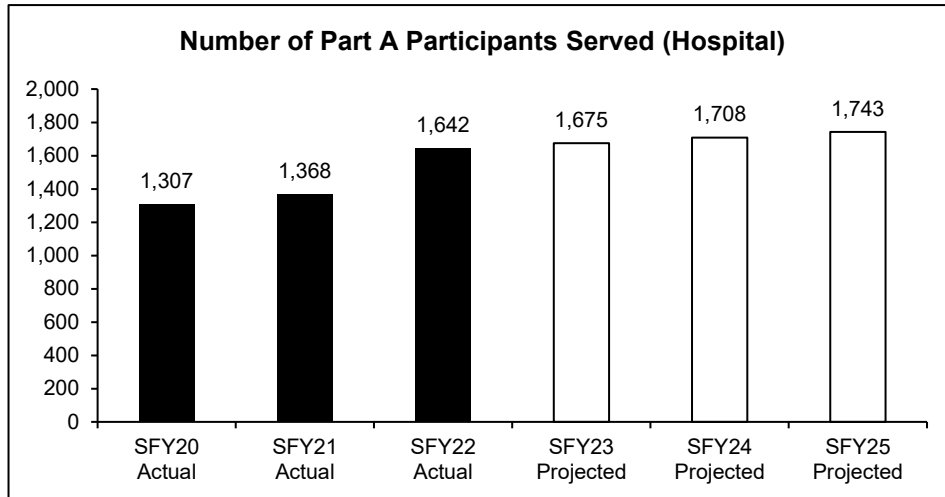
Department: Social Services

Program Name: Premium Payments

Program is found in the following core budget(s): Premium Payments

HB Section(s): 11.725

2c. Provide a measure of the program's impact.



Participants:

Part A (Hospital) premium payments can be made for Qualified Medicare Beneficiaries (QMBs) and Qualified Disabled Working Individuals.

Part B (Medical) premium payments can be made for Individuals meeting certain income standards, QMBs, and Specified Low-Income Medicare Beneficiaries. The projected increase in the premium participants in FY 23 is due to the increase in participants applying for Medicaid in Missouri.

HIPP: Provisions of OBRA 90 require states to purchase group health insurance for a MO HealthNet participant when it is more cost effective to buy health insurance to cover medical care than to pay for an equivalent set of services with MO HealthNet funds. Enrollment is expected to remain consistent.

PROGRAM DESCRIPTION

Department: Social Services

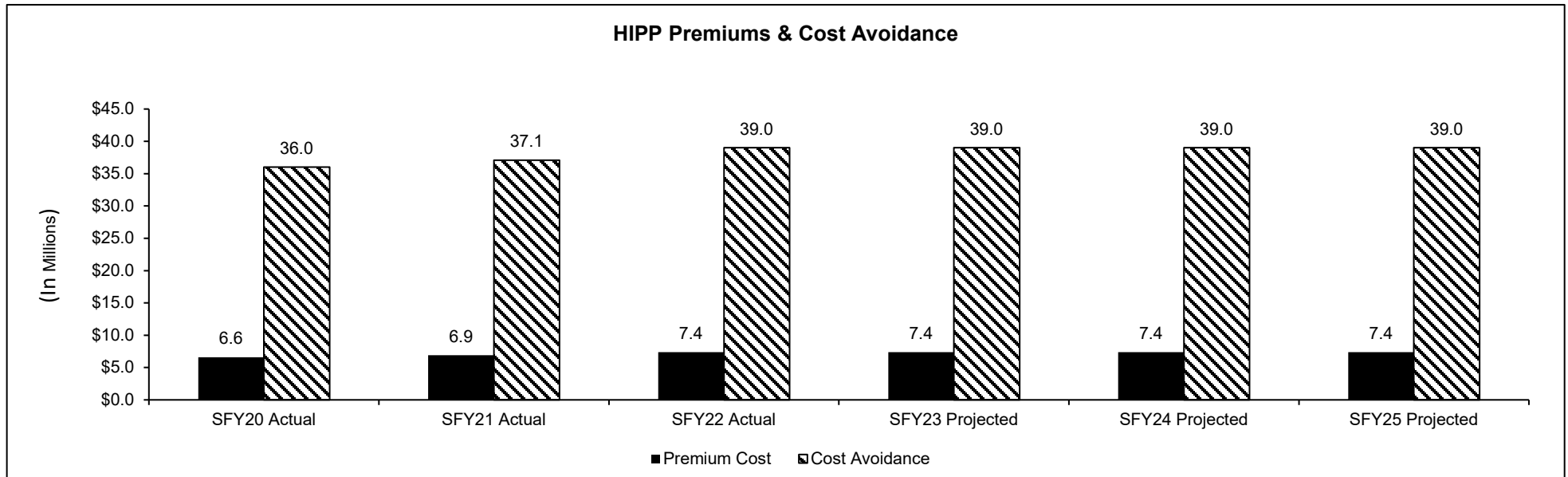
HB Section(s): 11.725

Program Name: Premium Payments

Program is found in the following core budget(s): Premium Payments

2d. Provide a measure of the program's efficiency.

Paying for health insurance premiums, coinsurance, and deductibles for the MO HealthNet eligible population, when cost effective, increases cost avoidance. In FY22, the MO HealthNet Division paid \$7.4 million for health insurance premiums, coinsurance and deductibles and avoided \$39 million in costs.



PROGRAM DESCRIPTION

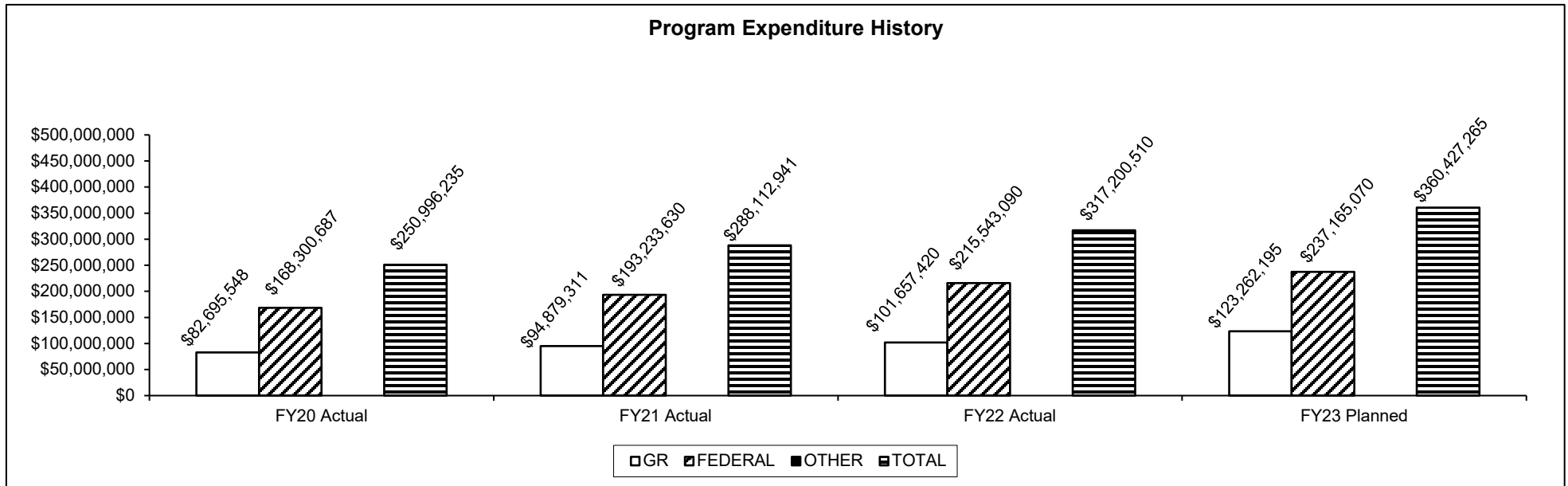
Department: Social Services

HB Section(s): 11.725

Program Name: Premium Payments

Program is found in the following core budget(s): Premium Payments

3. Provide actual expenditures for the prior three fiscal years; planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



4. What are the sources of the "Other " funds?

N/A

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: Section 208.153, RSMo.; Federal law: Social Security Act Section 1905(p)(1), 1902(a)(10) and 1906; Federal Regulation: 42 CFR 406.26 and 431.625

6. Are there federal matching requirements? If yes, please explain.

The FMAP (Federal Medical Assistance Percentage) fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%.

7. Is this a federally mandated program? If yes, please explain.

Yes, if the state elects to have a Medicaid program.

NDI - Premium Increase

NEW DECISION ITEM

Department: Social Services
Division: MO HealthNet
DI Name: Premium Increase **DI# 1886013**

Budget Unit: 90547C
HB Section: 11.725

1. AMOUNT OF REQUEST

	FY 2024 Budget Request			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	12,547,285	26,577,455	0	39,124,740
TRF	0	0	0	0
Total	12,547,285	26,577,455	0	39,124,740
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds: N/A
 Non-Counts: N/A

	FY 2024 Governor's Recommendation			
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	0	0	0	0
Total	0	0	0	0
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds:
 Non-Counts:

2. THIS REQUEST CAN BE CATEGORIZED AS:

<input type="checkbox"/>	New Legislation	<input type="checkbox"/>	New Program	<input type="checkbox"/>	Fund Switch
<input checked="" type="checkbox"/>	Federal Mandate	<input type="checkbox"/>	Program Expansion	<input type="checkbox"/>	Cost to Continue
<input type="checkbox"/>	GR Pick-Up	<input type="checkbox"/>	Space Request	<input type="checkbox"/>	Equipment Replacement
<input type="checkbox"/>	Pay Plan	<input type="checkbox"/>	Other: _____		

3. WHY IS THIS FUNDING NEEDED? PROVIDE AN EXPLANATION FOR ITEMS CHECKED IN #2. INCLUDE THE FEDERAL OR STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS PROGRAM.

Medicare Part A and Part B premiums are adjusted each January by the federal government. Current premium rates (effective January 2022) are \$499 per month for Part A and \$170.10 per month for Part B. Part A rates are assumed to increase \$10 and Part B premium rates are assumed to increase \$20 beginning January 2023, and again in January 2024. This request is for the last six months of funding for the calendar year 2023 premium increase and the first six months of funding for the expected premium increase for calendar year 2024.

The Federal Authority is Social Security Act Section 1905(p)(1), 1902(a)(10), and 1906 and Federal Regulations 42 CFR 406.26 and 431.625. The State Authority is Section 208.153, RSMo.

NEW DECISION ITEM

Department: Social Services
Division: MO HealthNet
DI Name: Premium Increase DI# 1886013

Budget Unit: 90547C
HB Section: 11.725

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFP fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

The number of eligibles was projected based on historical data. The projected premium increases are based on the average increases in premiums for the last few years as well as other information sources. The federal matching rate used is the FY23 FMAP of 65.81%. States are only required to pay the federal share for Qualified Individuals (QIs). A QI is an individual with income between 120% and 135% of the federal poverty level, with assets of \$7,860 per individual and \$11,800 per couple, indexed each year according to the Consumer Price Index.

	Department Request		
	Part A	Part B	QI
Eligibles per month (FY23)	1,645	149,822	9,958
Premium Increase (1/23)	\$10.00	\$20.00	\$20.00
Premium Increase (1/24)	\$10.00	\$20.00	\$20.00

Calendar Year 2023 Increase:

Projected average eligibles/month	1,661	151,320	10,058
Premium increase for 2023	\$10.00	\$20.00	\$20.00
Number of months to increase	6	6	6
Projected increase 7/23 - 12/23	99,660	18,158,400	1,206,960

Calendar Year 2024 Increase:

Projected average eligibles/month	1,678	152,833	10,159
Premium increase for 2024	\$10.00	\$20.00	\$20.00
Number of months to increase	6	6	6
Projected increase 1/24 - 6/24	100,680	18,339,960	1,219,080

Total Projected Increase SFY24	200,340	36,498,360	2,426,040
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	Total	GR	Federal	FMAP
Part A Request	200,340	68,496	131,844	65.81%
Part B Request	36,498,360	12,478,789	24,019,571	QI Federal only
Part B QI	2,426,040	0	2,426,040	
	39,124,740	12,547,285	26,577,455	

NEW DECISION ITEM

Department: Social Services
Division: MO HealthNet
DI Name: Premium Increase **DI# 1886013**

Budget Unit: 90547C
HB Section: 11.725

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.									
Budget Object Class/Job Class	Dept Req GR DOLLARS	Dept Req GR FTE	Dept Req FED DOLLARS	Dept Req FED FTE	Dept Req OTHER DOLLARS	Dept Req OTHER FTE	Dept Req TOTAL DOLLARS	Dept Req TOTAL FTE	Dept Req One-Time DOLLARS
Program Distributions	12,547,285		26,577,455		0		39,124,740		0
Total PSD	12,547,285		26,577,455		0		39,124,740		0
Grand Total	12,547,285	0.0	26,577,455	0.0	0	0.0	39,124,740	0.0	0

6. PERFORMANCE MEASURES (If new decision item has an associated core, separately identify projected performance with & without additional funding.)

- | | |
|---|---|
| <p>6a. Provide an activity measure(s) for the program.
Please see the Premium core section for performance measures.</p> | <p>6b. Provide a measure(s) of the program's quality.
Please see the Premium core section for performance measures.</p> |
| <p>6c. Provide a measure(s) of the program's impact.
Please see the Premium core section for performance measures.</p> | <p>6d. Provide a measure(s) of the program's efficiency.
Please see the Premium core section for performance measures.</p> |

7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:

N/A

DECISION ITEM DETAIL

Budget Unit	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
PREMIUM PAYMENTS								
Premium Increase - 1886013								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	39,124,740	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	39,124,740	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$39,124,740	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$12,547,285	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$26,577,455	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

Core - Nursing Facilities

CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Nursing Facilities

Budget Unit: 90549C, 90604C

HB Section: 11.730

1. CORE FINANCIAL SUMMARY

FY 2024 Budget Request				
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	206,792,329	517,991,869	65,509,459	790,293,657
TRF	0	0	0	0
Total	206,792,329	517,991,869	65,509,459	790,293,657
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds: Uncompensated Care Fund (UCF) (0108) - \$58,516,478
Third Party Liability Collections Fund (TPL) (0120) - \$6,992,981

FY 2024 Governor's Recommendation				
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	0	0	0	0
Total	0	0	0	0
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
<i>Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.</i>				

Other Funds:

2. CORE DESCRIPTION

This core is for ongoing funding of payments for nursing facility services provided to MO HealthNet participants.

3. PROGRAM LISTING (list programs included in this core funding)

Nursing Facilities
NF Value Based Payments

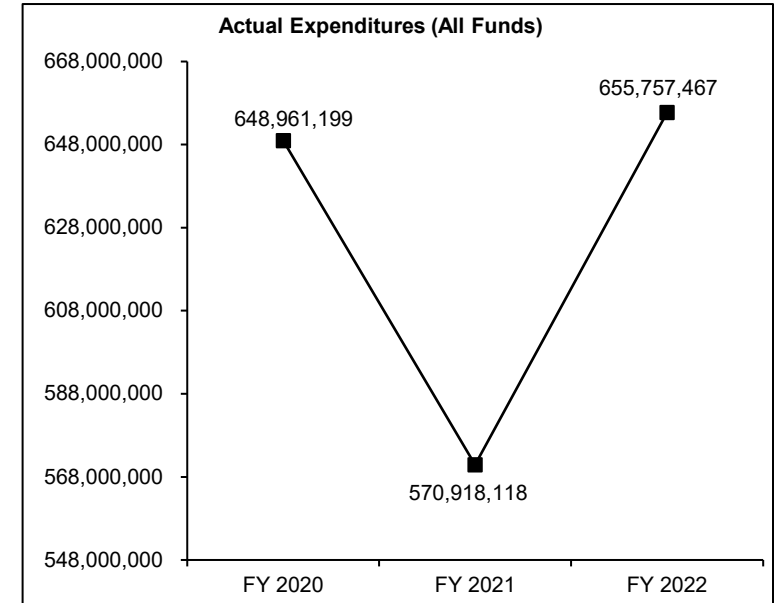
CORE DECISION ITEM

Department: Social Services
Division: MO HealthNet
Core: Nursing Facilities

Budget Unit: 90549C, 90604C
HB Section: 11.730

4. FINANCIAL HISTORY

	FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Current Yr.
Appropriation (All Funds)	692,791,792	591,822,786	680,823,452	790,293,657
Less Reverted (All Funds)	0	0	0	(175,708)
Less Restricted (All Funds)	0	0	0	0
Budget Authority (All Funds)	692,791,792	591,822,786	680,823,452	790,117,949
Actual Expenditures (All Funds)	648,961,199	570,918,118	655,757,467	N/A
Unexpended (All Funds)	43,830,593	20,904,668	25,065,985	N/A
Unexpended, by Fund:				
General Revenue	3,887,018	3	0	N/A
Federal	39,943,574	19,769,155	24,752,448	N/A
Other	1	1,135,510	313,537	N/A
	(1)	(2)	(3)	(4)



*Current Year restricted amount is as of 9/01/2022.

Reverted includes statutory reserve amounts (when applicable).

Restricted includes Governor's expenditure restrictions which remained at the end of the fiscal year.

NOTES:

(1) FY20 - \$11,000,000 GR was flexed in to cover program expenditures.

(2) FY21 - New Decision Items funded FMAP Adjustment (\$2,753,351 GR), Cost to Continue (\$2,375,023 GR; \$4,312,517), NF Stimulus COVID-19 (\$90,000,000 Fed). \$9,060,686 GR was flexed in to cover program expenditures. \$39,000,000 GR and \$25,751,345 Fed was used as flex to cover other program expenditures. \$90,000,000 of the DSS Federal Stimulus Fund (2355) was held in agency reserve.

(3) FY22 - New Decision Items funded for FMAP Adjustment (\$712,200 Fed), Nursing Home Increase (\$30,000,000 GR; \$58,261,253 Fed). Supplemental funded for \$17,081,779. \$7,100,000 GR was flexed in and \$17,846,866 was used as flex to cover program expenditures.

(4) FY23 - New Decision Item funded for Nursing Facility Rate Rebase (\$62,247,056 GR; \$120,552,944 Fed)

CORE RECONCILIATION DETAIL

**DEPARTMENT OF SOCIAL SERVICES
NURSING FACILITIES**

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	PD	0.00	200,935,385	506,648,813	65,509,459	773,093,657	
	Total	0.00	200,935,385	506,648,813	65,509,459	773,093,657	
DEPARTMENT CORE REQUEST							
	PD	0.00	200,935,385	506,648,813	65,509,459	773,093,657	
	Total	0.00	200,935,385	506,648,813	65,509,459	773,093,657	
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	200,935,385	506,648,813	65,509,459	773,093,657	
	Total	0.00	200,935,385	506,648,813	65,509,459	773,093,657	

CORE RECONCILIATION DETAIL

DEPARTMENT OF SOCIAL SERVICES NF VALUE BASED PAYMENTS

5. CORE RECONCILIATION DETAIL

	Budget Class	FTE	GR	Federal	Other	Total	Explanation
TAFP AFTER VETOES							
	PD	0.00	5,856,944	11,343,056	0	17,200,000	
	Total	0.00	5,856,944	11,343,056	0	17,200,000	
DEPARTMENT CORE REQUEST							
	PD	0.00	5,856,944	11,343,056	0	17,200,000	
	Total	0.00	5,856,944	11,343,056	0	17,200,000	
GOVERNOR'S RECOMMENDED CORE							
	PD	0.00	5,856,944	11,343,056	0	17,200,000	
	Total	0.00	5,856,944	11,343,056	0	17,200,000	

DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
NURSING FACILITIES								
CORE								
PROGRAM-SPECIFIC								
GENERAL REVENUE	157,095,380	0.00	200,935,385	0.00	200,935,385	0.00	0	0.00
TITLE XIX-FEDERAL AND OTHER	433,466,165	0.00	506,648,813	0.00	506,648,813	0.00	0	0.00
UNCOMPENSATED CARE FUND	58,516,478	0.00	58,516,478	0.00	58,516,478	0.00	0	0.00
THIRD PARTY LIABILITY COLLECT	6,679,444	0.00	6,992,981	0.00	6,992,981	0.00	0	0.00
TOTAL - PD	655,757,467	0.00	773,093,657	0.00	773,093,657	0.00	0	0.00
TOTAL	655,757,467	0.00	773,093,657	0.00	773,093,657	0.00	0	0.00
MHD CTC - 1886009								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	9,075,470	0.00	0	0.00
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	26,534,284	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	35,609,754	0.00	0	0.00
TOTAL	0	0.00	0	0.00	35,609,754	0.00	0	0.00
Nurse Aid Training Reimburseme - 1886022								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	0	0.00	814,791	0.00	0	0.00
TITLE XIX-FEDERAL AND OTHER	0	0.00	0	0.00	1,568,337	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	2,383,128	0.00	0	0.00
TOTAL	0	0.00	0	0.00	2,383,128	0.00	0	0.00
GRAND TOTAL	\$655,757,467	0.00	\$773,093,657	0.00	\$811,086,539	0.00	\$0	0.00

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DECISION ITEM SUMMARY

Budget Unit								
Decision Item	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
Budget Object Summary	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Fund	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
NF VALUE BASED PAYMENTS								
CORE								
PROGRAM-SPECIFIC								
GENERAL REVENUE	0	0.00	5,856,944	0.00	5,856,944	0.00	0	0.00
TITLE XIX-FEDERAL AND OTHER	0	0.00	11,343,056	0.00	11,343,056	0.00	0	0.00
TOTAL - PD	0	0.00	17,200,000	0.00	17,200,000	0.00	0	0.00
TOTAL	0	0.00	17,200,000	0.00	17,200,000	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$17,200,000	0.00	\$17,200,000	0.00	\$0	0.00

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FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90549C BUDGET UNIT NAME: Nursing Facilities HOUSE BILL SECTION: 11.730	DEPARTMENT: Social Services DIVISION: MO HealthNet
1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.	
Department Request	
.25% of flexibility is requested between sections 11.600 (MHD Admin), 11.620 (Information Systems), 11.700 (Pharmacy and Clawback), 11.715 (Physician Related Prof), 11.730 (Nursing Facilities and Home Health), 11.745 (Rehab Specialty Services and NEMT), 11.750 (GEMT), 11.760 (Managed Care), 11.762 (MC Specialty Plan), and 11.765 (Hospital Care).	
2. Estimate how much flexibility will be used for the budget year. How much flexibility was used in the Prior Year Budget and the Current Year Budget? Please specify the amount.	
PRIOR YEAR ACTUAL AMOUNT OF FLEXIBILITY USED	CURRENT YEAR ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED
\$0	DSS will flex up to .25% between sections.
BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED	
Up to .25% flexibility will be used.	
3. Please explain how flexibility was used in the prior and/or current years.	
PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE
N/A	Flex is to be used in the Administration and Information System sections that allows MHD to pay for contractual expenditures to allow MHD to continue oversight and operation of the Medicaid program.

FLEXIBILITY REQUEST FORM

BUDGET UNIT NUMBER: 90549C BUDGET UNIT NAME: Nursing Facilities HOUSE BILL SECTION: 11.730	DEPARTMENT: Social Services DIVISION: MO HealthNet
1. Provide the amount by fund of personal service flexibility and the amount by fund of expense and equipment flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed. If flexibility is being requested among divisions, provide the amount by fund of flexibility you are requesting in dollar and percentage terms and explain why the flexibility is needed.	
Department Request	
10% flexibility is requested between sections 11.700 (Pharmacy and Clawback), 11.715 (Physician Related Prof), 11.720 (Dental), 11.725 (Premium Payments), 11.730 (Nursing Facilities and Home Health), 11.745 (Rehab Specialty Services and NEMT), 11.755 (Complex Rehab), 11.760 (Managed Care), 11.762 (MC Specialty Plan), 11.765 (Hospital Care), 11.785 (Health Homes), 11.800 (CHIP), 11.805 (SMHB), 11.815 (Blind).	
2. Estimate how much flexibility will be used for the budget year. How much flexibility was used in the Prior Year Budget and the Current Year Budget? Please specify the amount.	
PRIOR YEAR ACTUAL AMOUNT OF FLEXIBILITY USED	CURRENT YEAR ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED
\$17,846,866	DSS will flex up to 10% between sections.
BUDGET REQUEST ESTIMATED AMOUNT OF FLEXIBILITY THAT WILL BE USED	
Up to 10% flexibility will be used.	
3. Please explain how flexibility was used in the prior and/or current years.	
PRIOR YEAR EXPLAIN ACTUAL USE	CURRENT YEAR EXPLAIN PLANNED USE
To allow for Clawback payments.	Flexibility allows for MHD to move authority between program sections to ensure bi-monthly payroll obligations are met and services continue to be provided without disruption or delay. Flex allows MHD to shift authority to sections where there is need.

DECISION ITEM DETAIL

Budget Unit	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
NURSING FACILITIES								
CORE								
PROGRAM DISTRIBUTIONS	655,757,467	0.00	773,093,657	0.00	773,093,657	0.00	0	0.00
TOTAL - PD	655,757,467	0.00	773,093,657	0.00	773,093,657	0.00	0	0.00
GRAND TOTAL	\$655,757,467	0.00	\$773,093,657	0.00	\$773,093,657	0.00	\$0	0.00
GENERAL REVENUE	\$157,095,380	0.00	\$200,935,385	0.00	\$200,935,385	0.00		0.00
FEDERAL FUNDS	\$433,466,165	0.00	\$506,648,813	0.00	\$506,648,813	0.00		0.00
OTHER FUNDS	\$65,195,922	0.00	\$65,509,459	0.00	\$65,509,459	0.00		0.00

DECISION ITEM DETAIL

Budget Unit	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
NF VALUE BASED PAYMENTS								
CORE								
PROGRAM DISTRIBUTIONS	0	0.00	17,200,000	0.00	17,200,000	0.00	0	0.00
TOTAL - PD	0	0.00	17,200,000	0.00	17,200,000	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$17,200,000	0.00	\$17,200,000	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$5,856,944	0.00	\$5,856,944	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$11,343,056	0.00	\$11,343,056	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.730

Program Name: Nursing Facility

Program is found in the following core budget(s): Nursing Facility

1a. What strategic priority does this program address?

Ensure adequate supply of nursing facilities for MO HealthNet participants

1b. What does this program do?

This program provides reimbursement to nursing facilities for the care of MO HealthNet participants. Providers are reimbursed for MO HealthNet participants based on the participants' days of care multiplied by the facility's Title XIX per diem rate less any patient surplus (i.e., funds contributed by the participant). A per diem rate is established for each nursing facility by the Institutional Reimbursement Unit (IRU) of the MO HealthNet Division (MHD) utilizing a prospective reimbursement system. A prospective rate is established on a particular cost report year and may be adjusted in subsequent years for various items, such as acuity adjustments, quality measures, or global per diem adjustments granted to the industry as a whole.

Rates may be recalculated on a more recent cost report year, which is referred to as rebasing. Nursing facility reimbursement is being transformed in FY 23 by rebasing nursing facility rates and modifying the reimbursement methodology. The primary changes from the current reimbursement methodology include rebasing the cost base for the rates using 2019 cost report data, applying an acuity adjustment or Case Mix Index (CMI) to patient care costs, providing quality based incentives or Value Based Pricing (VBP) add-ons to the rate when the facility meets specified quality measures, and including a Mental Illness (MI) Diagnosis Add-On rate. Rates will be adjusted each January and July for updated CMIs, VBP quality measures, and MI criteria, and will be adjusted each July for capital expenditures. The per diem rate is paid from both the Nursing Facility budget section and the Nursing Facility Reimbursement Allowance (NFRA) budget section.

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.730

Program Name: Nursing Facility

Program is found in the following core budget(s): Nursing Facility

Rate History

Rate adjustments are funded with General Revenue (GR), General Revenue Equivalents (GRE), and NFRA.

The following are the most recent GR/GRE funded rate adjustments from the Nursing Facility (NF) budget section and the NFRA funded adjustments from the NFRA budget section:

SFY	Weighted Avg.	Adjustment	Source
2023	\$187.98	\$14.82	GR from NF Approp (Effective for dates of service beginning 7/1/22) - The "Adjustment" is the average estimated increase in rebased rates over the average SFY 2022 rate which includes the \$10.18 rate increase. Implementation of the SFY 2023 rates is pending approval from the Centers for Medicare & Medicaid Services (CMS).
2022	\$173.16	\$10.18	GR from NF Approp (Effective 7/1/21-6/30/22 - The SFY 22 rate increase is a one-time increase for costs associated with the COVID-19 public health emergency. This rate adjustment corresponds to the appropriation granted in the SFY 22 budget approved by the Governor.
2021	\$162.98	(\$0.12)	GR from NF Approp (Effective 7/1/20 - The SFY 20 rate increase of \$1.61 was reduced to \$1.49 in SFY 21 because the appropriation will be expended over 12 months rather than 11 months as was done in SFY 20.)
2020	\$163.10	\$1.61	GR from NF Approp (Effective 8/1/19-6/30/20 - The increase in the SFY 20 nursing facility appropriation was expended over 11 months during SFY 20 because the per diem increase was not effective until 8/1/19.)
	\$161.49	(\$0.75)	GR from NF Approp (Effective 7/1/19 - The SFY 19 supplemental increase of \$1.29 was reduced to \$0.54 for SFY 20 because the appropriation will be expended over 12 months rather than 5 months as was done in SFY 19.)
2019	\$162.24	\$9.12	GR from NF Approp

Hospice Room and Board

Increases/Decreases to nursing facility and HIV nursing facility per diem rates also impact the hospice program. Hospice providers that furnish services to MO HealthNet participants residing in a nursing facility will be reimbursed 95% of the nursing facility's per diem rate for room and board, pursuant to 13 CSR 70-50.010 and 1902(a)(13) of the Social Security Act.

PROGRAM DESCRIPTION

Department: Social Services

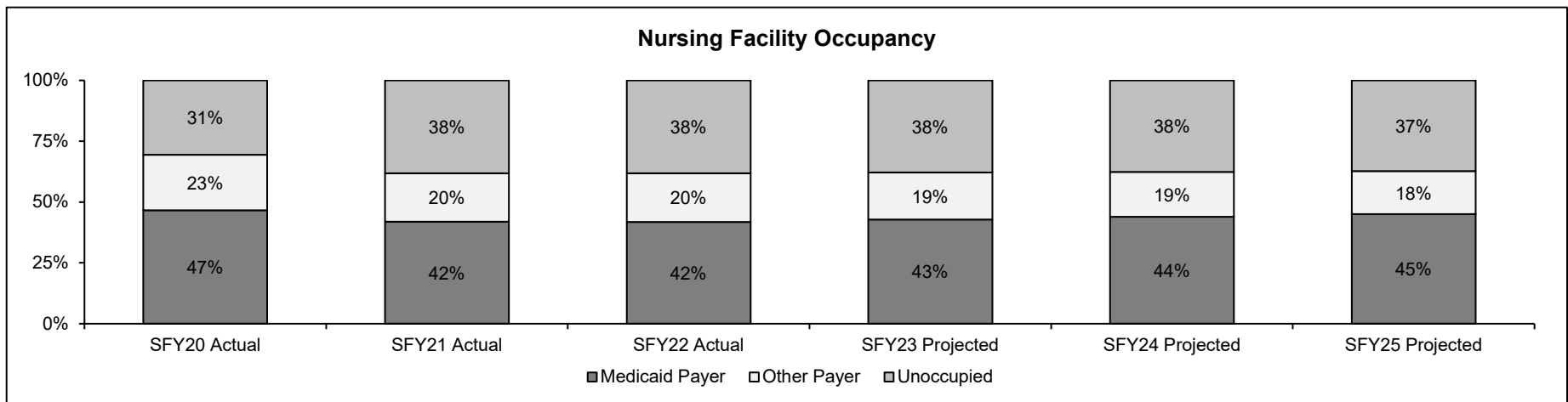
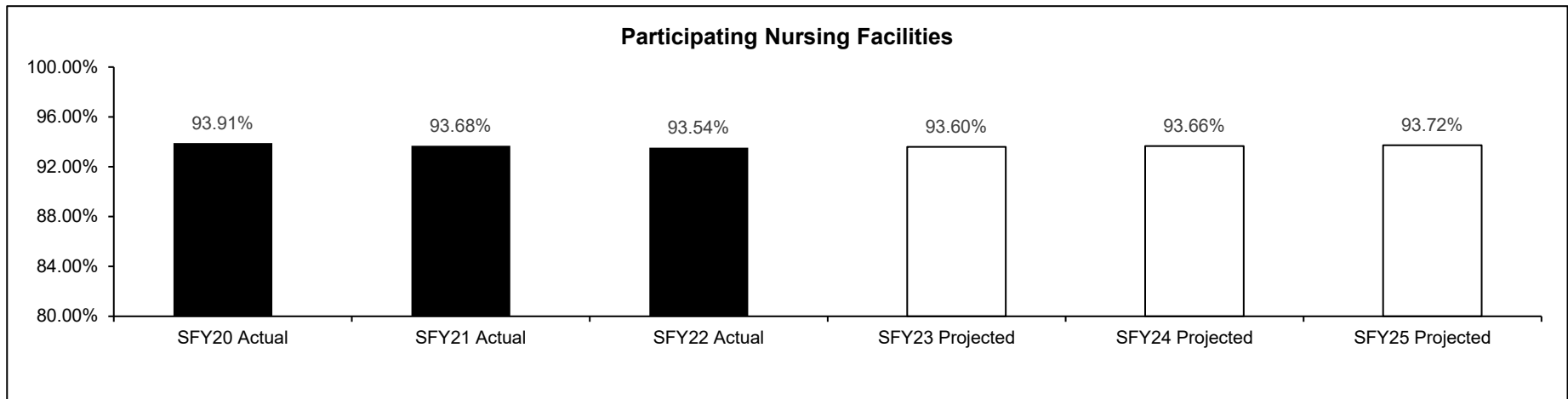
HB Section(s): 11.730

Program Name: Nursing Facility

Program is found in the following core budget(s): Nursing Facility

2a. Provide an activity measure(s) for the program.

As of June 2022, 492 facilities were enrolled in the MO HealthNet program, representing a 93.54% participation rate and ensuring access to quality nursing facility services for MO HealthNet participants.



Based on information provided through the Certificate of Need Survey Summary

PROGRAM DESCRIPTION

Department: Social Services

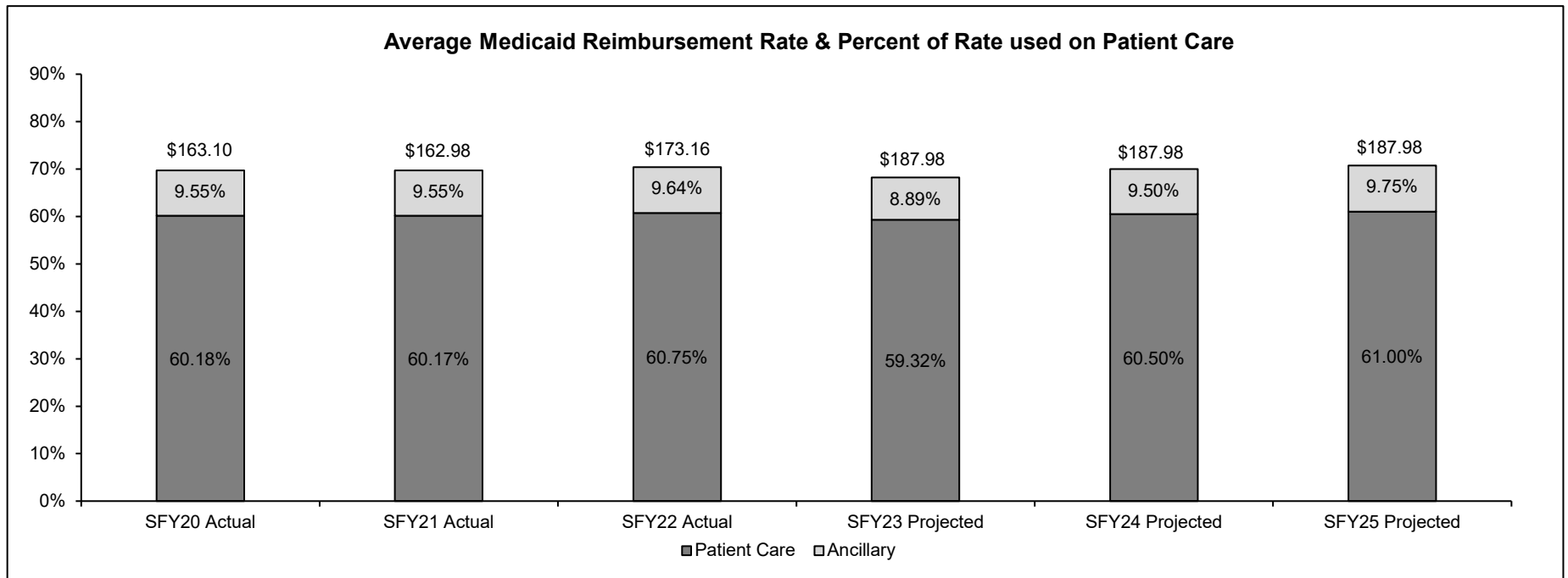
HB Section(s): 11.730

Program Name: Nursing Facility

Program is found in the following core budget(s): Nursing Facility

2b. Provide a measure(s) of the program's quality.

The nursing facility reimbursement methodology targets and encourages quality patient care. In the past three state fiscal years, nearly 70% of the average Medicaid reimbursement rate is related to patient care, with more than 60% being direct patient care services and more than 9% being ancillary services which includes therapies, dietary, housekeeping, etc.



Note: In SFY23, nursing facility rates were rebased using 2019 cost data and the reimbursement system was transformed to include acuity adjustments to the patient care cost component, Value Based Pricing (VBP) Incentives, and a Mental Illness (MI) Diagnosis Add-On. Projections for VBP (.70%) and MI (.45%) are included in Patient Care since those items target quality patient care. Due to the rebasing in SFY23, there was a re-alignment of the rate components but the division anticipates the percentage of patient care to gradually increase as a result of the acuity adjustments which encourage facilities to accept participants requiring a higher level of care.

PROGRAM DESCRIPTION

Department: Social Services

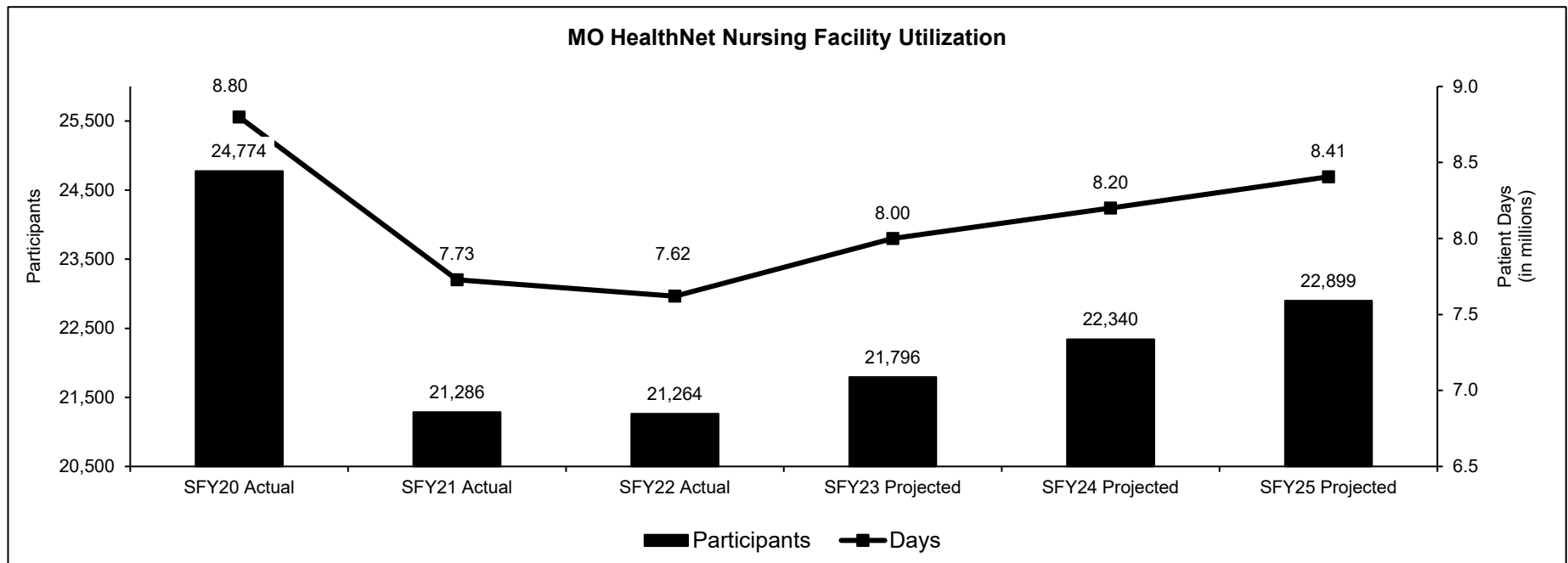
Program Name: Nursing Facility

Program is found in the following core budget(s): Nursing Facility

HB Section(s): 11.730

2c. Provide a measure(s) of the program's impact.

Certified nursing facilities are subject to inspections by the Department of Health and Senior Services to ensure compliance with regulations and are cited for deficiencies. Surveyors assess both the process and the outcomes of nursing facility care for 175 different requirements across 8 areas.



PROGRAM DESCRIPTION

Department: Social Services

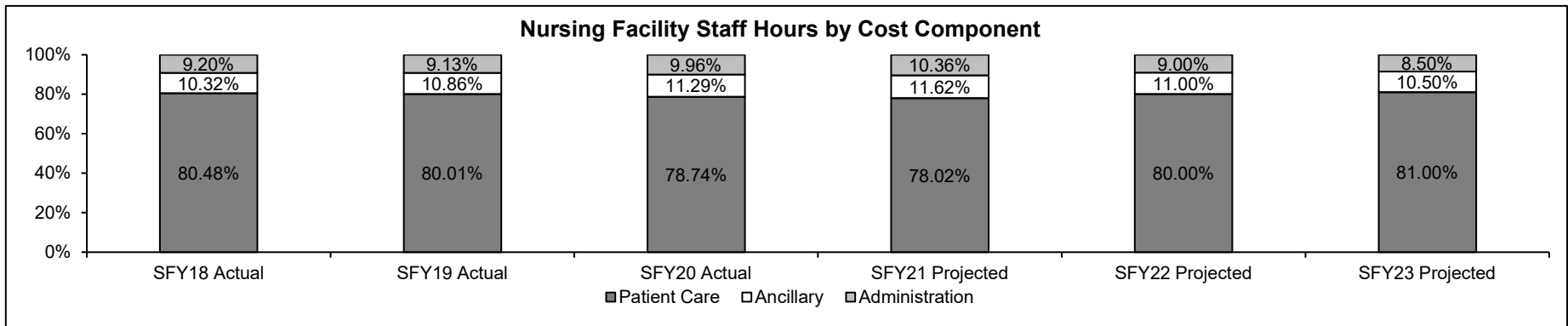
HB Section(s): 11.730

Program Name: Nursing Facility

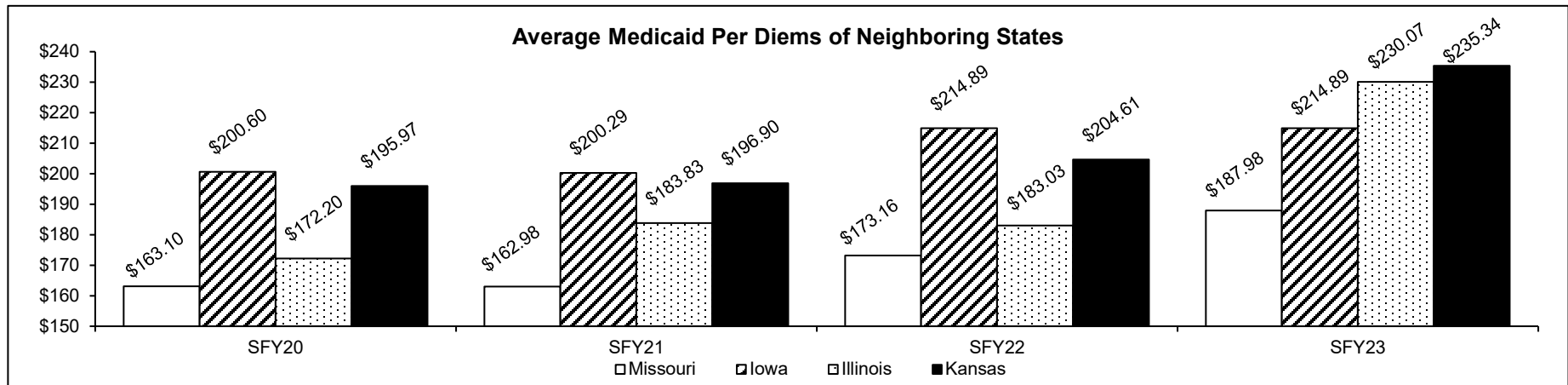
Program is found in the following core budget(s): Nursing Facility

2d. Provide a measure(s) of the program's efficiency.

The reimbursement under this program targets and encourages quality patient care through its reimbursement. The focus of the reimbursement on direct patient care is directly reflected here with over 78% of staff hours being spent on direct patient care, per the data from facility cost reports.



Note: SFY20 is the latest full year of cost reports completed. Future years will be updated as information is available.



Note 1: Beginning rates used to calculate average reimbursement in previous years data was updated for consistency.

Note 2: Missouri has enrolled a sufficient number of providers to ensure access to care for nursing facility services. Compared to surrounding states, there are a greater percent of vacant beds in Missouri than nationally.

PROGRAM DESCRIPTION

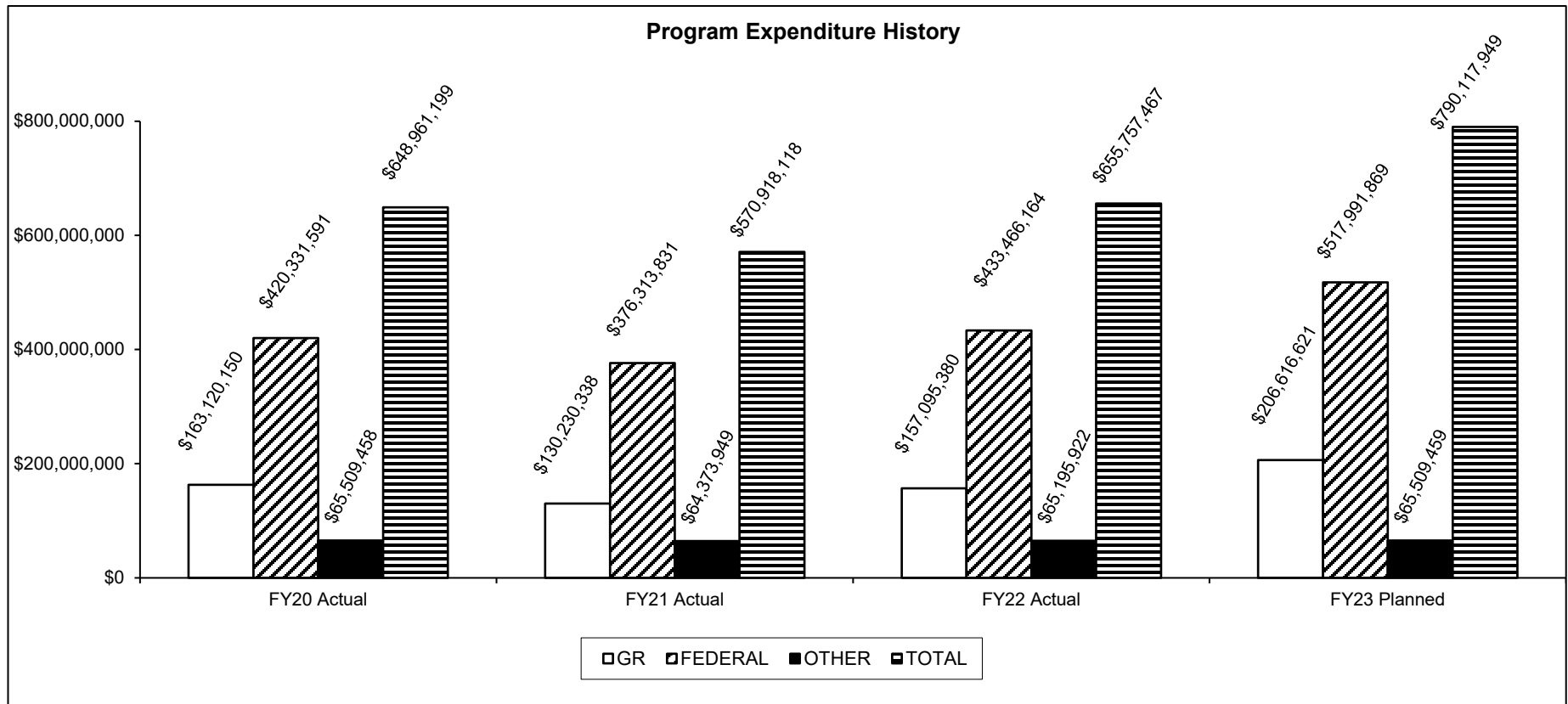
Department: Social Services

HB Section(s): 11.730

Program Name: Nursing Facility

Program is found in the following core budget(s): Nursing Facility

3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



Planned FY2023 expenditures are net of reverted.

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.730

Program Name: Nursing Facility

Program is found in the following core budget(s): Nursing Facility

4. What are the sources of the "Other " funds?

Uncompensated Care Fund (0108), Third Party Liability Collections Fund (0120)

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

Federal Law: Social Security Act Section 1905(a)(4). Federal Reg: 42 CFR 440.40 and 440.210. State Statute: Sections 208.152, 208.153, 208.159, and 208.201, RSMo.

6. Are there federal matching requirements? If yes, please explain.

The FMAP (Federal Medical Assistance Percentage) fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%.

7. Is this a federally mandated program? If yes, please explain.

Yes, 42 CFR 440.40 and 440.210 mandate this program for participants over age 21.

NDI – Nurse Aid Training Reimbursement

NEW DECISION ITEM

Department: Social Services
Division: MO HealthNet
DI Name: Nurse Aid Training Reimbursement **DI#** 1886022

Budget Unit: 90549C
HB Section: 11.730

1. AMOUNT OF REQUEST

FY 2024 Budget Request				
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	814,791	1,568,337	0	2,383,128
TRF	0	0	0	0
Total	814,791	1,568,337	0	2,383,128
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.				

Other Funds: N/A
 Non-Counts: N/A

FY 2024 Governor's Recommendation				
	GR	Federal	Other	Total
PS	0	0	0	0
EE	0	0	0	0
PSD	0	0	0	0
TRF	0	0	0	0
Total	0	0	0	0
FTE	0.00	0.00	0.00	0.00

Est. Fringe	0	0	0	0
Note: Fringes budgeted in House Bill 5 except for certain fringes budgeted directly to MoDOT, Highway Patrol, and Conservation.				

Other Funds:
 Non-Counts:

2. THIS REQUEST CAN BE CATEGORIZED AS:

<input type="checkbox"/> New Legislation	<input type="checkbox"/> New Program	<input type="checkbox"/> Fund Switch
<input type="checkbox"/> Federal Mandate	<input type="checkbox"/> Program Expansion	<input type="checkbox"/> Cost to Continue
<input type="checkbox"/> GR Pick-Up	<input type="checkbox"/> Space Request	<input type="checkbox"/> Equipment Replacement
<input type="checkbox"/> Pay Plan	<input checked="" type="checkbox"/> Other: Reimbursement Rate Increase	

3. WHY IS THIS FUNDING NEEDED? PROVIDE AN EXPLANATION FOR ITEMS CHECKED IN #2. INCLUDE THE FEDERAL OR STATE STATUTORY OR CONSTITUTIONAL AUTHORIZATION FOR THIS PROGRAM.

The long term care industry is drastically understaffed. Most facilities rely on CNAs to provide day-to-day care to residents. An aide employed in a long term care facility must complete the CNA training program and be certified within 4 months of employment. Current capacity exists to expand the number of certified nurse aides, however, the demand for individuals to complete the training is lacking. The CNA training program currently consists of 75 hours of classroom training, 100 hours of on-the-job training, and successful completion of the CNA examination. Current reimbursement rates for the training is \$365. This NDI will bring the rates up to \$1,250 and pro-rated based on Medicaid occupancy for the facility.

NEW DECISION ITEM

Department: Social Services
 Division: MO HealthNet
 DI Name: Nurse Aid Training Reimbursement DI# 1886022

Budget Unit: 90549C
 HB Section: 11.730

4. DESCRIBE THE DETAILED ASSUMPTIONS USED TO DERIVE THE SPECIFIC REQUESTED AMOUNT. (How did you determine that the requested number of FTE were appropriate? From what source or standard did you derive the requested levels of funding? Were alternatives such as outsourcing or automation considered? If based on new legislation, does request tie to TAFP fiscal note? If not, explain why. Detail which portions of the request are one-times and how those amounts were calculated.)

The current maximum allowable reimbursement rate for nurse aid training is \$365. This NDI proposes to bring that maximum rate up to \$1,250 and pro-rated based on Medicaid occupancy for the facility. The current reimbursement rate for the MO HealthNet Division (MHD) for these trainings to the eligible facilities is set at 66%. Therefore, the current reimbursement rate for the MHD is set at \$240.90, and the proposed increase would be \$825.00. The MHD is also projecting that approximately 4,080 students would be reimbursed at this new rate.

Proposed Reimbursement & Current Reimbursement @ 66%

Total Students 4,080

Proposed Reimbursement	\$825.00
Current Reimbursement	\$240.90
Increase	\$584.10
Fiscal Impact	\$2,383,128

FMAP	Total	GR	Federal
65.81%	\$2,383,128	\$814,791	\$1,568,337

NEW DECISION ITEM

Department: Social Services
Division: MO HealthNet
DI Name: Nurse Aid Training Reimbursement **DI# 1886022**

Budget Unit: 90549C
HB Section: 11.730

5. BREAK DOWN THE REQUEST BY BUDGET OBJECT CLASS, JOB CLASS, AND FUND SOURCE. IDENTIFY ONE-TIME COSTS.									
Budget Object Class/Job Class	Dept Req GR DOLLARS	Dept Req GR FTE	Dept Req FED DOLLARS	Dept Req FED FTE	Dept Req OTHER DOLLARS	Dept Req OTHER FTE	Dept Req TOTAL DOLLARS	Dept Req TOTAL FTE	Dept Req One-Time DOLLARS
800 - Program Distributions	814,791		1,568,337		0		2,383,128		0
Total PSD	814,791		1,568,337		0		2,383,128		0
Grand Total	814,791	0.0	1,568,337	0.0	0	0.0	2,383,128	0.0	0

Budget Object Class/Job Class	Gov Rec GR DOLLARS	Gov Rec GR FTE	Gov Rec FED DOLLARS	Gov Rec FED FTE	Gov Rec OTHER DOLLARS	Gov Rec OTHER FTE	Gov Rec TOTAL DOLLARS	Gov Rec TOTAL FTE	Gov Rec One-Time DOLLARS
800 - Program Distributions	0		0		0		0		0
Total PSD	0		0		0		0		0
Grand Total	0	0.0	0	0.0	0	0.0	0	0.0	0

NEW DECISION ITEM

Department: Social Services
Division: MO HealthNet
DI Name: Nurse Aid Training Reimbursement **DI# 1886022**

Budget Unit: 90549C
HB Section: 11.730

6. PERFORMANCE MEASURES (If new decision item has an associated core, separately identify projected performance with & without additional funding.)

6a. Provide an activity measure(s) for the program.

Please see the Nursing Facility core section for performance measures.

6b. Provide a measure(s) of the program's quality.

Please see the Nursing Facility core section for performance measures.

6c. Provide a measure(s) of the program's impact.

Please see the Nursing Facility core section for performance measures.

6d. Provide a measure(s) of the program's efficiency.

Please see the Nursing Facility core section for performance measures.

7. STRATEGIES TO ACHIEVE THE PERFORMANCE MEASUREMENT TARGETS:

N/A

DECISION ITEM DETAIL

Budget Unit	FY 2022	FY 2022	FY 2023	FY 2023	FY 2024	FY 2024	*****	*****
Decision Item	ACTUAL	ACTUAL	BUDGET	BUDGET	DEPT REQ	DEPT REQ	SECURED	SECURED
Budget Object Class	DOLLAR	FTE	DOLLAR	FTE	DOLLAR	FTE	COLUMN	COLUMN
NURSING FACILITIES								
Nurse Aid Training Reimburseme - 1886022								
PROGRAM DISTRIBUTIONS	0	0.00	0	0.00	2,383,128	0.00	0	0.00
TOTAL - PD	0	0.00	0	0.00	2,383,128	0.00	0	0.00
GRAND TOTAL	\$0	0.00	\$0	0.00	\$2,383,128	0.00	\$0	0.00
GENERAL REVENUE	\$0	0.00	\$0	0.00	\$814,791	0.00		0.00
FEDERAL FUNDS	\$0	0.00	\$0	0.00	\$1,568,337	0.00		0.00
OTHER FUNDS	\$0	0.00	\$0	0.00	\$0	0.00		0.00